

Revised 4/5/12 msl

reissue of Tesla Terrace  
Lot 15 B2018-0027



# Building Permit Application

Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: www.BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 4-3-18	Permit No.: B2018-1468
Date Issued: 6/14/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12111 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision:	Lot no.: 4
Tax map/parcel no.:	
DESCRIPTION OF WORK	
reissue of # B2018-0027	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229 713-	
Phone: 503-765-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature: <i>Matt Fricke</i>	
Print name: Matt Fricke	Date:
Matt Fricke	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$190,144.35
Number of bedrooms:	4 219,176.87
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

*June 2019*

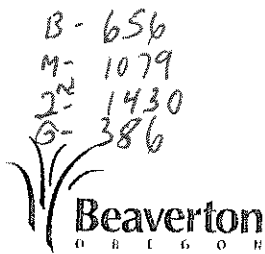
## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$472.61
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

3500 AR

### OFFICE USE ONLY

Date Received: 8/1/2018	Permit No.: B2018-3558
Date Issued: 6-20-19	By: HUC
	Payment Type: Check

### TYPE OF WORK

<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15712 SW Thrush Lane  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.:  
Project name: Russell  
Cross street/directions to job site:

Subdivision: Westmont  
Lot no.: 80  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Re Issue B2018-2540

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: DR Horton, Inc  
Address: 4380 SW Macadam Ave Suite 200  
City/State/ZIP: Portland, OR 97239  
Phone: (503) 222-4151  
Fax:  
E-mail: plancheck@drhorton.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: DR Horton, Inc  
Contact name: Amanda Loveridge  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone:  
Fax:  
E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone:  
Fax:  
CCB lic.: 130859

Authorized  
signature:

Print name: Amanda Loveridge  
Amanda Loveridge

Date: 6/27/18

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 397,373.07  
Number of bedrooms: 5  
Number of bathrooms: 4  
Total number of floors: 3  
New dwelling area: 3165 square feet  
Garage/carport area: 381 square feet  
Covered porch area: 97 square feet  
Deck area: 100 square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application: 1,579.89  
Amount received:  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 8/1/2018 Permit No: B2018-3553  
Date Issued: 6-20-19 By: MK  
Payment Type: check

## TYPE OF WORK

☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

## CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 15634 SW Thrush Lane

City/State/ZIP: Beaverton, OR

Suite/bldg./apt. no.:

Project name: Russell

Cross street/directions to job site:

Subdivision: Westmont

Lot no.: 39 8

Tax map/parcel no.:

## DESCRIPTION OF WORK

NSFR

Be Issued B2018-2156

☒ PROPERTY OWNER☐ TENANT

Name: DR Horton, Inc

Address: 4380 SW Macadam Ave Suite 200

City/State/ZIP: Portland, OR 97239

Phone: (503) 222-4151

Fax:

E-mail: plancheck@drhorton.com

☒ APPLICANT☐ CONTACT PERSON

Business name: DR Horton, Inc

Contact name: Amanda Loveridge

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

E-mail: plancheck@drhorton.com

## CONTRACTOR

Business name: DR Horton, Inc

Address: SAME AS ABOVE

City/State/ZIP:

Phone:

Fax:

CCB lic.: 130859

Authorized signature:

Print name:

Amanda Loveridge

Date:

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

443,831.45

Number of bedrooms:

4

Number of bathrooms:

4

Total number of floors:

3

New dwelling area:

3533

square feet

Garage/carport area:

417

square feet

Covered porch area:

65

square feet

Deck area:

185

square feet

Other structure area:

square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

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## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

1,720.92

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Roulet

reissue of # B2018-0996  
Tesla Terrace Lot 13



# Building Permit Application

Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

## OFFICE USE ONLY

Date Received: 4-3-18	Permit No.: B2018-1462
Date Issued: 6-27-19	By: MK
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12107 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision:	Lot no.: 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
reissue of Tesla Lot 13 # B2018-0996	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-713-6294	
: Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature:	
Print name: Matt Fricke	Date:
Matt Fricke	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$ 198,022.35
Number of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

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## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$472.61
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Routed 4/5/18

REISSUE of Tesla Terrace  
Lot 14 # B2018-0997



**Building Permit Application**  
Community and Economic Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

**OFFICE USE ONLY**

Date Received: 4-3-18	Permit No.: B2018-1469
Date Issued: 6-27-19	By: [Signature]
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12109 SW Tesla Terrace	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Tesla Terrace
Cross street/directions to job site:	
Subdivision:	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REISSUE of # B2018-0997	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SAA	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Westwood Homes LLC	
Contact name: Allison May	
Address: 12700 NW Cornell Rd	
City/State/ZIP: Portland, OR 97229	
Phone: 503-713-6294	Fax:
Allison@westwoodhomesllc.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195597	
Authorized signature: [Signature]	
Print name: Matt Fricke	Date:
Matt Fricke	

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$190,144.35
Number of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	3
New dwelling area:	1583 square feet
Garage/carport area:	220 square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application	\$472.61
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WG-8



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 04/18/2019 Permit No.: B2019-1590  
Date Issued: 6-25-19 By: MK  
CITY OF BEAVERTON Payment Type: Check  
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11709 SW Sofia Ct	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 4
Tax map/parcel no.: 1S110BD11400	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

Authorized signature:

Print name: Josh Kelso Date: 04/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$350,000
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3154
Garage/carport area:	square feet 606
Covered porch area:	square feet 340
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...



Community Development Department  
Building Division  
1100 Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/21/2019	Permit No.: B2019-2165
Date Issued: 6-27-19	By: [Signature]
Payment Type:	

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10195 SW EXMOORE PL	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Watkins Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodel Kitchen & Add a Master addition	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rob + Linda Watkins	
Address: 10195 SW EXMOORE PL	
City/State/ZIP: Beaverton, OR 97008	
Phone: 971 245 9583	Fax:
E-mail: linda @ rob + linda . us	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mountainwood Homes	
Contact name: Kraig LeMay	
Address: 8324 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503 703 9203	Fax: 503 746 7964
E-mail: KLEMA@MOUNTAINWOODHOMES.COM	
CONTRACTOR	
Business name: Mountainwood Homes	
Address: 8324 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503 746 7338	Fax: 503 746 7964
CCB Lic.: 184317	

Authorized signature: [Signature]

Print name: Kraig LeMay	Date:
-------------------------	-------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$178,914.06
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1 / 1461
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	262 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Issued June 2019	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	1,200.04
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-28-19 Permit No.: B2019-0816  
Date Issued: 6-28-19 By: HK  
Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 SW Denney Road	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Demo - Bldg 5	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denney Road Industrial Park, LLC	
Address: 1121 SW Salmon Suite 500	
City/State/ZIP: Portland, Oregon	
Phone: 503.242.2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VLMK Engineering + Design	
Contact name: Jennifer Kimura	
Address: 3933 SW Kelly Ave.	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4453	Fax:
E-mail: jenniferk@vlmk.com	
CONTRACTOR	
Business name: Perlo Construction	
Address: 16101 SW 72nd #200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 624-2090	Fax:
CCB lic.: 189245	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

\$100,000

Existing building area: square feet

New building area: square feet 0

Number of stories: 1

Type of construction: IIIB

Occupancy groups:

Existing: S1/B

New: S1/B

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

\$2,761.09

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Jennifer Kimura

Date: 6-27-19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/27/2019	Permit No.:	B 2019-2759
Date Issued:		Payment Type:	

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 1905 NW 116<sup>th</sup> Place  
City/State/ZIP: Beaverton, OR 97006  
Suite/bldg./apt. no.: 211/221 Project name:  
Cross street/directions to job site: off of Cornell

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Open two walls for walk-throughs

### PROPERTY OWNER

### TENANT

Name: Allstrat LLC  
Address: 111 SW Columbia Suite 1380  
City/State/ZIP: Portland, OR 97201  
Phone: 503-223-4777 Fax:  
E-mail: msegardahl@melvinmark.com

### APPLICANT

### CONTACT PERSON

Business name: Melvin Mark Companies  
Contact name: 111 SW Columbia Suite 1380  
Address: Matt Segerdahl  
City/State/ZIP: Portland, OR 97201  
Phone: 503-314-4794 Fax:  
E-mail: msegardahl@melvinmark.com

### CONTRACTOR

Business name: Corbin Engineering - Malibu Pacific  
Address: 1905 NW 116<sup>th</sup> Place 735 NE Jackson School Rd  
City/State/ZIP: Beaverton, OR 97006  
Phone: 503-693-9797 Fax:  
CGB lic.: OR #59045 Hillsboro, OR 97124

Authorized signature:

Print name: Matt Segerdahl Date: 6/26/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet \$1,500 600

New building area: square feet

Number of stories: 2

Type of construction:

Occupancy groups:

Existing: B

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	217.70
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1/BLDG DIV WG-8...



Development Department  
Building Division  
10000 NE Oregon Way / PO Box 4756  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 05/24/2019	Permit No.: B2019-2244
Date Issued: 6-26-19	By: MK
CITY OF BEAVERTON	Payment Type: Check

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9771 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$292,561.54
Number, of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2199
Garage/carport area:	square feet 400
Covered porch area:	square feet 80
Deck area:	square feet 100
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule 1,257.96	
Fees due upon application	\$1,254.96
Amount received	
Date received:	

Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 05/29/2019	Permit No.: B2019-2282
Date Issued: 6-26-17	By: MK
CITY OF BEAVERTON	
Payment Type: check	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9751 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 1 Master
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$331,829.09
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2512 square feet
Garage/carport area:	399 square feet
Covered porch area:	60 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,377.53
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Chad Davis

Print name: Chad E Davis

Date:

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

OFFICE USE ONLY	
Date Received: 06/20/2019	Permit No.: B2019-2654
Date Issued: 6-25-19	By: <i>TK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15025 SW Gull Dr	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Churchill 32485
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 12 Push Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bob Churchill	
Address: 15025 SW Gull Dr.	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 579-4580	Fax:
E-mail: churchills@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmas.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 718-4533	Fax:
CCB lic.: 173547 expires 12/21/20	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 23,570
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$ 241.36
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	
Print name:	Date:
ELENITA RONQUILLO	06/19/19

Arctic Drive ADD

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

Building Permit Application  
Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 01/16/2019	Permit No.: B2019-0207
Date Issued: 6-26-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5825 SW Arctic Drive	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Arctic Drive Addition
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1W14CD01500	
DESCRIPTION OF WORK	
A roughly 12,383 s.f. addition to an existing warehouse structure. Addition to be a single story tilt-up concrete structure.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chuck Taylor	
Address: 5825 SW Arctic Drive	
City/State/ZIP: Beaverton, OR	
Phone: (503) 670-1170	Fax:
E-mail: ctaylor@virtual-supply.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Edge Development	
Contact name: Ed Bruin	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1,050,000
Existing building area:	square feet 57,704
New building area:	square feet 12,383
Number of stories:	1
Type of construction:	II-b
Occupancy groups:	S-1,B
Existing:	Warehouse/office
New:	Warehouse/office
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,850.27
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Ed Bruin	01/14/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

Development Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**Beaverton**  
OREGON

APPROVED  
6-11-19

RECEIVED

## OFFICE USE ONLY

Date Received: 05/23/2019	Permit No.: B2019-2212
Date Issued: 6/26/2019	Payment Type:

## CITY OF BEAVERTON BUILDING DIVISION

<b>TYPE OF WORK</b>	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 14605 SW Weir RD.	
City/State/ZIP: Beaverton OR, 97007	
Subst/bldg./apt. no.:	Project name: sw Bible Children's Wing
Cross street/directions to job site: SW Murray BLVD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
<b>DESCRIPTION OF WORK</b>	
Installation of 308'10"LF of 4" Fire Line	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: S.W. Bible (Dave Martini)	
Address: 14605 SW Weir RD.	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 524-7000	Fax: n/a
E-mail: n/a	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Centrex	
Contact name: Mike Hessemer	
Address: 8250 SW Hunziker St.	
City/State/ZIP: Tigard, OR 97223	
Phone: 503 684-0443	Fax: n/a
E-mail: mhessemer@centrexconstruction.net	
<b>CONTRACTOR</b>	
Business name: Laneco	
Address: 4720 SE 26th Ave.	
City/State/ZIP: Portland, OR 97202	
Phone: 503 239-6859	Fax: n/a
CCB No.: 159497	

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	n/a
Number of bedrooms:	n/a
Number of bathrooms:	n/a
Total number of floors:	n/a
New dwelling area:	n/a square feet n/a
Garage/carport area:	n/a square feet n/a
Covered porch area:	n/a square feet n/a
Deck area:	n/a square feet n/a
Other structure area:	n/a square feet n/a

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$35,080.00
Existing building area:	n/a square feet n/a
New building area:	n/a square feet n/a
Number of stories:	n/a n/a
Type of construction:	n/a
Occupancy groups:	n/a
Existing:	n/a
New:	n/a

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date: 5/22/2019
Print name: Michael Hessemer	

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

## Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED OFFICE USE ONLY	
Date Received: 04/12/2019	Permit No.: B2019-1450
Date Issued: 4-24-19	By: <i>TK</i>
Payment Type:	

CITY OF BEAVERTON

BUILDING DIVISION A: 1- AND 2-FAMILY DWELLING

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: WCF and 20 Extension
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: New AT&T Wireless Facility
JOB SITE INFORMATION AND LOCATION	
Job site address: 9540 SW 125th Avenue	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: PD22 Ridgecrest Park
Cross street/directions to job site: Near SW 125th Avenue & SW Longhorn Lane - In SE Corner of West Coast Self-Storage Beaverton	
Subdivision: None noted on Title Report	Lot no.: 7900
Tax map/parcel no.: Tax Map: 1S127CB 07900 - Parcel: R1161922	
DESCRIPTION OF WORK	
Extend existing 79 ft. monopole to 99 ft. and install AT&T antenna array on tower and place ground equipment inside an adjacent, existing 10 ft. x 20 ft. storage unit below.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Catalyst Storage-Beaverton LLC	
Address: PO Box 232	
City/State/ZIP: Woodinville, WA 98072-2320	
Phone: (206) 618-5088	Fax:
E-mail: unknown	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: New Cingular Wireless PCS, LLC ("AT&T")	
Contact name: Craig Brunkenhoefer - Velocitel LLC (on behalf of AT&T)	
Address: 4004 Kruse Way Place, Suite 220	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 477-2124	Fax:
E-mail: cbrunkenhoefer@velocitel.com	
CONTRACTOR	
Business name: Velocitel LLC	
Address: 1150 FIRST AVE SUITE 600	
City/State/ZIP: King of Prussia, PA 19406	
Phone: (484) 804-4500	Fax:
CCB lic.: 218854	

Authorized signature:

Print name:

Craig Brunkenhoefer

Date:

4-8-19

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	N/A
Number of bedrooms:	N/A
Number of bathrooms:	N/A
Total number of floors:	N/A
New dwelling area:	square feet N/A
Garage/carport area:	square feet N/A
Covered porch area:	square feet N/A
Deck area:	square feet N/A
Other structure area:	square feet N/A

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$72,000
Existing building area:	square feet N/A
New building area:	square feet N/A
Number of stories:	N/A
Type of construction:	New Wireless Facility
Occupancy groups:	N/A
Existing:	N/A
New:	N/A

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

N/A

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$689.15
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/25/19	Permit No.:	B2019-2739
Date Issued:		By:	clay
		Payment Type:	

### TYPE OF WORK

☒ New construction

☐ Demolition

☐ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☒ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 16943 SW CANBY CT

City/State/ZIP: BEAVERTON OR 97007

Suite/bldg./apt. no.:

Project name: DECK

Cross street/directions to job site:

16943 AVE / SW CANBY CT

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Replacing old DECK with a NEW ONE

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Jolley Construction LLC

Contact name: JOHN MARRIN

Address: 4120 SE INTERNATIONAL WAY

City/State/ZIP: MILWAUKIE OR 97222

Phone: 503-717-2838

Fax: 503-213-9838

E-mail: JolleyConstruction@gmail.com

### CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

CCB Lic.: JOLLEYCH890KJ / 151063 OR

Authorized signature:

Print name: JOHN MARRIN

Date: 6.14.19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

3560

Number of bedrooms:

2

Number of bathrooms:

2

Total number of floors:

1

New dwelling area:

square feet

Garage/carport area:

square feet

Covered porch area:

square feet

Deck area:

8x10

square feet

Other structure area:

square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8

**Beaverton**  
OREGON

Community Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Approved

## OFFICE USE ONLY

Date Received: 03/15/2019	Permit No.: B2019-1008
Date Issued: 0-25-19	By: <i>HL</i>
CITY OF BEAVERTON	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12375 SW Broadway St.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Bakery Block
Cross street/directions to job site: Corner of SW Broadway and SW Hall. North of Farmington Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Renovation of theater building. Change of occupancy from S-2 to B. Repair or replacement of existing second floor. New stair and interior partition wall. Add skylights.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Dan Magner	
Address:	
City/State/ZIP:	
Phone: (503) 702-5933	Fax:
E-mail: dan@miraclesign.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Guggenheim Architecture	
Contact name: Reid Leslie	
Address: 915 NW 19th Ave. Ste C	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 272-1566	Fax:
E-mail: reid@guggenheimstudio.com	
CONTRACTOR	
Business name: Hamish Murray Construction	
Address: 4440 SW Corbett Ave, Ste 201	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 460-7203	Fax:
CCB lic.: 155435	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$75,000
Existing building area:	square feet 4438
New building area:	square feet 0
Number of stories:	2
Type of construction:	IIIB & VB
Occupancy groups:	
Existing:	S-2 & B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,160.74
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2443 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 5-7-19 Permit No.: B2019-1898  
Date Issued: 6-24-19 By: MK  
Payment Type: Check

### TYPE OF WORK

- ☒ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 520 SW 173rd Ave  
City/State/ZIP: Beaverton OR 97006  
Suite/bldg./apt. no.: Project name: 520SFH  
Cross street/directions to job site: North of Baseline

Subdivision: GrayOak Lot no.: 42  
Tax map/parcel no.: 2

### DESCRIPTION OF WORK

New construction SFH

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Chae Pak  
Address: PO Box 219111  
City/State/ZIP: Portland OR 97225  
Phone: 5033088098 Fax:  
E-mail: chaepak@gmail.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: N/A  
Contact name: Chae Pak  
Address: PO Box 219111  
City/State/ZIP: Portland OR 97225  
Phone: 5033088098 Fax:  
E-mail: chaepak@gmail.com

### CONTRACTOR

Business name: Hiline Homes  
Address: 1888 Belmont Loop  
City/State/ZIP: Woodland WA 98674  
Phone: 3602251849 Fax:  
CCB lic.: 182300

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$255,202.33 ~~350,000~~  
Number of bedrooms: 3  
Number of bathrooms: 2.5  
Total number of floors: 2  
New dwelling area: square feet 1768  
Garage/carport area: square feet 706  
Covered porch area: square feet 198  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,144.51  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Chae Pak Date: 5/7/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8

## OFFICE USE ONLY

Date Received: 5-7-19	Permit No.: B2019-1902
Date Issued: 6-24-19	By: MK
	Payment Type: Check

### TYPE OF WORK

- ☒ New construction  
☐ Demolition  
☐ Addition/alteration/replacement  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☒ 1- and 2-family dwelling  
☐ Commercial/industrial  
☐ Accessory building  
☐ Multi-family  
☐ Master builder  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 520 SW 173rd Ave  
City/State/ZIP: Beaverton OR 97006  
Suite/bldg./apt. no.: Project name: 520ADU  
Cross street/directions to job site: North of Baseline

Subdivision: GrayOak Lot no.: 42  
Tax map/parcel no.: 2

### DESCRIPTION OF WORK

New construction ADU

### PROPERTY OWNER

### TENANT

Name: Chae Pak  
Address: PO Box 219111  
City/State/ZIP: Portland OR 97225  
Phone: 5033088098 Fax:  
E-mail: chaepak@gmail.com

### APPLICANT

### CONTACT PERSON

Business name: N/A  
Contact name: Chae Pak  
Address: PO Box 219111  
City/State/ZIP: Portland OR 97225  
Phone: 5033088098 Fax:  
E-mail: chaepak@gmail.com

### CONTRACTOR

Business name: Hilline Homes  
Address: 1888 Belmont Loop  
City/State/ZIP: Woodland WA 98674  
Phone: 3602251849 Fax:  
CCB lic.: 182300

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	\$97,845.54	90,000
Number, of bedrooms:	2	
Number of bathrooms:	1	
Total number of floors:	1	
New dwelling area:	square feet	799
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$655.93
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:

Date:

Chae Pak

5/7/19

Form B20-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: FEB 25 2019	Permit No.: B2019-0745
Date Issued: 6-25-19	By: MK
BUILDING SERVICES DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13490 SW Berthold St.	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Lisch Res.
Cross street/directions to job site: ERICKSON	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo Existing Garage And ADD NEW Attached Garage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tom & Rhonda Lisch	
Address: 13490 SW Berthold St.	
City/State/ZIP: Beaverton OR 97005	
Phone: 971-404-5454	Fax:
E-mail: tom@coregc.net	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Core General Contractors LLC.	
Address: 2020 NE Alcock Dr unit 114	
City/State/ZIP: Hillsboro OR 97124	
Phone: 971-404-5454	Fax: —
CCB lic.: 207658	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$60,000 <sup>00</sup>
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	square feet 144
Garage/carport area:	square feet 247
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	69.60
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date: 1-22-19
Print name: Tom Lisch	

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE 1:/BLDG DIV WG-8...  
**Beaverton**  
OREGON

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 04/25/2019  
Date Issued: 04/25/2019  
Permit No.: B2019-1703  
Payment Type:

**CITY OF BEAVERTON  
BUILDING DIVISION**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10470 SW Barnes Road	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Elevator Canopy
Cross street/directions to job site: Sunset TC Max Station located between Hwy 26 & SW Barnes Road. NW of Hwys 26 & 217	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S102CB00200/R4104	
DESCRIPTION OF WORK	
The work includes glazing replacement at existing canopies at 4 elevator entrances at the plaza and platform levels and glazing at a new canopy (canopy structure reviewed with permit B2018-5204) at 1 elevator entrance at the 3rd floor of the garage.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TriMet (Contact: Clark Ide)	
Address: 1800 SW First Avenue	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 962-2183	Fax:
E-mail: ldec@trimet.org	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: F.E. Tompkins Architecture	
Contact name: Gene Tompkins	
Address: PO Box 344	
City/State/ZIP: Preston, WA 98050	
Phone: (206) 795-7279	Fax:
E-mail: gene@fetarch.com	
CONTRACTOR	
Business name: Howard S Wright Construction (Contact: Aaron Braun)	
Address: 1455 NW Irving St	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 220-0895	Fax:
CCB lic.: 191495	

Authorized signature:

Print name:	Date:
Gene Tompkins	03/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,000
Existing building area:	square feet NA
New building area:	square feet NC
Number of stories:	2
Type of construction:	I-A
Occupancy groups:	
Existing:	S-2
New:	NC
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

Approved

RECEIVED

## OFFICE USE ONLY

Date Received: 06/21/2019	Permit No.: B2019-2697
Date Issued: 6-24-19	By: [Signature]
CITY OF BEAVERTON	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 5Th Ave	
City/State/ZIP: Beaverton Oregon 97005	
Suite/bldg./apt. no.: Suite 330	Project name: Green Tree
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural Modification for HVAC Roof Curb	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment	
Address: 1121 Sw 5th Ave Suite 500	
City/State/ZIP: Portland Oregon 97205	
Phone: (503) 242-2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Alan Volm	
Address: 17750 SW Upper Boones Ferry Rd Suite 190	
City/State/ZIP: Portland Oregon 97224	
Phone: (503) 968-8949	Fax:
E-mail: alan@pacificcrestweb.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Rd Suite 190	
City/State/ZIP: Portland Or 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$3275

Existing building area: square feet

New building area: square feet

Number of stories: One

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$103.61

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Alan Volm	Date: 6/24/19
Alan Volm	06/20/19

# Building Permit Application

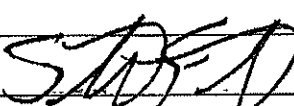
Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
(503) 526-2222 V/TDD  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 06/24/2019	Permit No.: B2019-2730
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 175	Project name: PNWP Office Expansion T1
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 1 and relocate 2 sprinkler head drops off of existing wet system to cover new floor plan.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: breana@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 18435 SW 128th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67634	
Authorized signature: 	Date:
Print name: Steve Frost	06/24/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet T1 4,164
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B-office
New:	no change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$115.42
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 VTDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/24/2019	Permit No:	152019-2714
Date Issued:	6/24/2019	Payment Type:	

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 6600 SW 105th Ave.  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.: 155 Project name: PNWP  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Fire Alarm - Notification Devices (Relocates only)

- |                                         |                                            |
|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> PROPERTY OWNER | <input checked="" type="checkbox"/> TENANT |
|-----------------------------------------|--------------------------------------------|

Name: PNWP  
Address: 6600 SW 105th Ave, Suite 155  
City/State/ZIP: Beaverton, OR 97008  
Phone: Fax:  
E-mail:

- |                                               |                                         |
|-----------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> APPLICANT | <input type="checkbox"/> CONTACT PERSON |
|-----------------------------------------------|-----------------------------------------|

Business name: Point Monitor Corp.  
Contact name: Brooke Williams  
Address: 5863 Lakeview Blvd. #100  
City/State/ZIP: Lake Oswego, OR 97035  
Phone: (503) 627-0100 Fax:  
E-mail: bwilliams@pointmonitor.com

### CONTRACTOR

Business name: Point Monitor Corp.  
Address: 5863 Lakeview Blvd. #100  
City/State/ZIP: Lake Oswego, OR 97035  
Phone: (503) 627-0100 Fax:  
CCB Lic.: 135901

Authorized signature:

Print name: Ben Breit Date: 06/21/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$500

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-24-19	Permit No.: B2019-2716
Date Issued: 6-24-19	By: [Signature]
Payment Type:	

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                  |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial   |
| <input type="checkbox"/> Accessory building       | <input checked="" type="checkbox"/> Multi-family |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                  |

### JOB SITE INFORMATION AND LOCATION

Job site address: 5450 SW Erickson Avenue  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: South wing Project name: Creekside Village Retirement  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Tear off & Re-Roof

### PROPERTY OWNER

### TENANT

Name: Guardian Management LLC  
Address: 760 SW 9th Ave, Ste. 2200  
City/State/ZIP: Portland, OR 97205  
Phone: 503.442.0735 Fax:  
E-mail: wvn.webb@gres.com

### APPLICANT

### CONTACT PERSON

Business name: Carlson Roofing Co., Inc.  
Contact name: Tanya Scrivner  
Address: PO Box 1695 / 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
E-mail: tanya@carlsonroof.com

### CONTRACTOR

Business name: Carlson Roofing Co., Inc.  
Address: PO Box 1695 / 550 SW Maple St.  
City/State/ZIP: Hillsboro, OR 97123  
Phone: 503.846.1575 Fax: 503.640.2122  
CCB lic.: 159686

Authorized signature: [Signature]

Print name: TANYA SCRIVNER Date: 6.20.19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 276,942

Existing building area: 57,000 square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/21/2019

Permit No.: B2019-2700

Date Issued: 6/21/2019

Payment Type:

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling

☐ Commercial/industrial

☐ Accessory building

☐ Multi-family

☐ Master builder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 13425 SW 3rd

City/State/ZIP: Beaverton, OR 97005

Suite/bldg./apt. no.:

Project name: Ashley Hanson

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Removing load-bearing wall and replacing with a load-bearing beam. Creating a master suite and raising the current floor of the future suite to the rest of the house. Framing repairs as needed for all new siding and windows.

☒ PROPERTY OWNER

☐ TENANT

Name: Ashley Hanson

Address: 8498 Valley Way SE

City/State/ZIP: Turner, OR 97392

Phone: 541-891-8658

Fax:

E-mail: ashmariehanson@gmail.com

☒ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name: Ashley Hanson

Address: 8498 Valley Way SE

City/State/ZIP: Turner, OR 97392

Phone: 541-891-8658

Fax:

E-mail: ashmariehanson@gmail.com

### CONTRACTOR

Business name: Superior Framing & Contracting LLC

Address: 2373 NW 185th AVE #286

City/State/ZIP: Hillsboro, OR 97124

Phone: 503-734-0543

Fax: 503-352-4169

CCB lic.: #206910

Authorized signature:

Print name:

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$6400

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

339.10

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B-70 1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/19/2019	Permit No. B2019-2620
Date Issued:	
Payment Type:	

### TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 12490 SW 1st Street  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.: Project name: Schaefer  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Tear off roof & apply new TPO membrane

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Ruth Schaefer / Schaefer Family Trust  
Address: P.O. Box 99812  
City/State/ZIP: Seattle, WA 98139  
Phone: 206-200-8909 Fax:  
E-mail: ruthschaefer123@gmail.com

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: PDX CASA CONSTRUCTION  
Contact name: CRISTA PEDRAZA  
Address: P.O. Box 6663  
City/State/ZIP: Aloha, Oregon 97007  
Phone: 503-490-6684 Fax:  
E-mail: PDXCASAconstruction@gmail.com

### CONTRACTOR

Business name: PDX CASA CONSTRUCTION  
Address: P.O. Box 6663  
City/State/ZIP: Aloha, OR 97007  
Phone: 503-490-6684 Fax: 971-888-5908  
CCB lic.: 213981

Authorized signature:

Print name: Crista Pedraza Date: 6-17-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$8,000.00  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups:  
Existing:  
New:

### NOTICE

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### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

City of Beaverton Community Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

### OFFICE USE ONLY

Date Received: 06/20/2019 Permit No.: B2019-2699  
Date Issued: 6/21/2019 Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3615 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: RENU Chiropractic
Cross street/directions to job site: SW Hall Blvd and SW Ceder Hills Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (2), Relocate (2) sprinklers, to accommodate a new tenant remodel.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: BG Properties	
Address: 3800 SW Ceder Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 380-9007	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: <a href="mailto:joseph.plattner@patriotfire.com">joseph.plattner@patriotfire.com</a>	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$625.00

Existing building area: square feet

New building area: square feet

Number of stories: 1.00

Type of construction: 5B

Occupancy groups:

Existing: A, B, M

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$103.72

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name: Joseph Plattner

Date: 06/19/19

rev 06/11

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/21/2019	Permit No:	19-2693
Date Issued:	6/21/2019	By:	[Signature]
Payment Type:			

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 8055 SW Berryhill CT  
City/State/ZIP: Beaverton OR 97008  
Suite/bldg./apt. no.: Project name: Berryhill  
Cross street/directions to job site: Davies

Subdivision: Greenway Lot no.: 27  
Tax map/parcel no.: R1181624

### DESCRIPTION OF WORK

Retrofit existing skylight to insure integrity of supporting truss

- |                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
|----------------------------------------------------|---------------------------------|

Name: Susan Marie Burgess-Knight  
Address: 8055 SW Berryhill CT  
City/State/ZIP: Beaverton OR 97008  
Phone: Fax:  
E-mail: smbknights@att.net

- |                                    |                                                    |
|------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> APPLICANT | <input checked="" type="checkbox"/> CONTACT PERSON |
|------------------------------------|----------------------------------------------------|

Business name: Weichert Realtors-Elite  
Contact name: Greg Chrisman  
Address: 1905 NW 169th PL  
City/State/ZIP: Beaverton OR 97006  
Phone: (503) 781-6514 Fax:  
E-mail: greg.caliber@gmail.com

### CONTRACTOR

Business name: Projects Plus  
Address: 14845 SW Murray Scholls DR STE 710  
City/State/ZIP: Beaverton OR 97007  
Phone: 503-816-0900 Fax:  
CCB lic.: 131285

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 5,000

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Greg Chrisman Date: 6-20-19

**Electronic  
Submittal****Building Permit Application**

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**OFFICE USE ONLY**

Date Received: 5-7-19	Permit No.: 2019-1895
Date Issued: 4/13/2019	DL
Payment Type:	

**TYPE OF WORK**

- |                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

**CATEGORY OF CONSTRUCTION**

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

**JOB SITE INFORMATION AND LOCATION**

Job site address: 2940 SW CEDAR HILLS BLVD  
City/State/ZIP: BEAVERTON, OR 97005  
Suite/bldg./apt. no.: Project name: CHICK-FIL-A  
Cross street/directions to job site:  
Subdivision: Lot no.:  
Tax map/parcel no.:

**DESCRIPTION OF WORK**

FIRE ALARM SPRINKLER MONITORING INSTALL.

☒ **PROPERTY OWNER**☐ **TENANT**

Name: CHICK-FIL-A  
Address: 2940 SW CEDAR HILLS BLVD  
City/State/ZIP: BEAVERTON, OR 97005  
Phone: Fax:  
E-mail:

☒ **APPLICANT**☐ **CONTACT PERSON**

Business name: EC ELECTRIC  
Contact name: JOE STEVENSON  
Address: 2121 NW THURMAN ST  
City/State/ZIP: PORTLAND, OR 97210  
Phone: 503.326.4290 Fax:  
E-mail: Joe.Stevenson@ecpowersystems.com

**CONTRACTOR**

Business name: EC ELECTRIC  
Address: 2121 NW THURMAN ST  
City/State/ZIP: PORTLAND, OR 97210  
Phone: 503.224.3511 Fax:  
CCB lic.: 49737

Authorized  
signature:

Print name: JOE STEVENSON

Date: 4/21/19

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

**Valuation**

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 7500.00

Existing building area: square feet

New building area: 4995 square feet

Number of stories: 1

Type of construction:

Occupancy groups:

Existing:

New:

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Approved



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 1-2-2019	Permit No.: B2019-0016
Date Issued: 1-20-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15930 SW REGATTA LN.	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.:	Project name: NECTAR REGATTA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
CHANGE OF USE FROM RESTAURANT TO CANNABIS DISPENSARY. WORK INCLUDES EXISTING WALL AND COLUMN DEMOLITION, NEW WALLS, STRUCTURAL BEAMS, COUNTER AND DISPLAY CASE AND DOORS.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: NECTAR PDX	
Address: 3350 NE Sandy Blvd,	
City/State/ZIP: PORTLAND, OR 97232	
Phone: (971) 703-4777	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: BAMA ARCHITECTURE AND DESIGN	
Contact name: AURYN WHITE	
Address: 7350 SW MILWAUKIE AVE.	
City/State/ZIP: PORTLAND, OR 97202	
Phone: (503) 253-4283	Fax:
E-mail: AUYN@BAMADESIGN.COM	
CONTRACTOR	
Business name: NW ELITE CONTRACTOR	
Address: 18627 SW FAGAN CT	
City/State/ZIP: ALOHA OR 97003	
Phone: (360) 718-7838	Fax:
CCB lic.: 209645	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$80,000
Existing building area:	square feet 5,584
New building area:	square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	A-2, B
New:	M, B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1208.35
Amount received	1208.35
Date received:	1-2-2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
AURYN WHITE	12/31/18

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

7120 SW Crestview PL

## OFFICE USE ONLY

Date Received: 6.19.19	Permit No.: B2019-2641
Date Issued: 6.20.19	By: CREW
	Payment Type: USA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7120 SW Crestview, Beaverton, Oregon, 97008	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S122CB03900	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 14.57 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Janice Traw	
Address: 7120 SW Crestview, Beaverton, Oregon, 97008	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Lesly Bee	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,657.93
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,141.02
Amount received	
Date received:	

Authorized signature:

Jeffrey Lee

Print name:

Jeff Lee

Date:

06/12/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/19/2019  
Permit No.: B2019-2651  
Date Issued: 6/19/2019  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:Awning
JOB SITE INFORMATION AND LOCATION	
Job site address: 15900 SW Towhee LN	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Nash
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building an 18'x 18' awning attached to house	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Oasis Outdoor Living, LLC	
Contact name: Noah Davis	
Address: 8536 SW ST Helens Dr	
City/State/ZIP: Wilsonville, OR 97070	
Phone: 360-991-2497	Fax:
E-mail: noahdavis562@gmail.com	
CONTRACTOR	
Business name: Oasis Outdoor Living, LLC	
Address: 8536 SW ST Helens Dr	
City/State/ZIP: Wilsonville, OR 97070	
Phone: 503-807-8213	Fax:
CCB lic.: 223509	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$45,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,349.97
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:

Date:

06/19/2019

REV 2/14

# ELECTRONIC SUBMITTAL SEE I:/BLDG DIV WG-8...

## Application

Approved



**City of Beaverton**  
PO Box 4755, Beaverton, OR 97076  
Phone (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.ci.beaverton.or.us](http://www.ci.beaverton.or.us)

OFFICE USE ONLY	
Date Received: 06/03/2019	Permit No.: B2019-2354
Date Issued: 6-19-19	By: CLEM
CITY OF BEAVERTON	Payment Type: MC
1&2 family, Simple	Complex:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6540 SW Fallbrook PL	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: CAT Fish Low
Cross street/directions to job site:	
Subdivision:	
Lot no.:	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Fire System in Cooking Hood	
PyroChem VL-300	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Mike	
Address:	
City/State/ZIP:	
Phone: (503) 866 6844	Fax: ( )
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Fire Extinguisher	
Contact name: Bob Ward	
Address: 4848 NE 102nd AVE	
City/State/ZIP: Portland OR 97220	
Phone: (503) 772 1643	Fax: ( )
E-mail: office@ABCFirex.com	
CONTRACTOR	
Business name: ABC Fire Extinguisher, Inc.	
Address: 4848 NE 102nd Ave.	
City/State/ZIP: Portland, OR 97220	
Phone: 503 484 3388	Fax: ( )
CCB lic.: 133214	
Authorized signature: Bob Ward	
Print name: Bob Ward	Date: 5-29-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2900
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

**This permit application expires  
if a permit is not obtained within 180 days  
after it has been accepted as complete**

\* Fee methodology set by Tri-County Building Industry Service Board

## Building Permit Application

Community Development Department

Building Division

10725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

(503) 626-2550

(503) 626-2222

BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8

RECEIVED

OFFICE USE ONLY

Date Received: 05/08/2019

Permit No.: B2019-1914

Date Issued: 6/19/2019

Payment Type:

CITY OF BEAVERTON

BUILDING DIVISION

## TYPE OF WORK

☐ New construction☐ Demolition☒ Addition/alteration/replacement☐ Other:

## CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 11083 S.W. CELESTE LN.

City/State/ZIP: BEAVERTON, OR. 97225

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site: CEDAR HILLS BLVD. E  
CELESTE LN.

Subdivision: PETERKORT VILLAGE

Lot no.: 157

Tax map/parcel no.: 15103AA15900

R2103047

## DESCRIPTION OF WORK

REPLACING STAIRS & HAND RAIL THAT COVER  
ACITY OF BEAVERTON MAN HOLE -  
THIS JOB IS BEING REQUESTED BY  
STEVE CURTIS - 971-246-0215 - C.O.B.☐ PROPERTY OWNER☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT☐ CONTACT PERSON

Business name: DICK'S EVERGREEN FENCE &amp; DECK INC.

Contact name: DICK BOYLE

Address: 4815 S.E. T.V. HWY.

City/State/ZIP: HILLSBORO, OR. 97123

Phone: 503-640-7700

Fax: 503-640-0466

E-mail: DICKSEVERGREEN@GMAIL.COM

## CONTRACTOR

Business name: SAME AS APPLICANT

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic: 108350

Authorized  
signature:

Print name: DICK BOYLE

Date: 5-6-2019

Dick Boyle

## REMARKS: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

Valuation

\$13,470.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area:

square feet

Garage/carport area:

square feet

Covered porch area:

square feet

Deck area:

square feet

Other structure area:

STEPS/  
LANDINGS square feet 103

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed.  
Indicate the value (rounded to the nearest dollar) of all equipment,  
materials, labor, overhead, and the profit for the work indicated on  
this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with  
the Oregon Construction Contractors Board under ORS 781 and  
may be required to be licensed in the jurisdiction in which work is  
being performed. If the applicant is exempt from licensing, the  
following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

\$220.72

Amount received

Date received:

This permit application expires if a permit is not obtained  
within 180 days after it has been accepted as complete\* Fee methodology set by Tri-County Building  
Industry Service Board

Form B70-1001

REV 2/14

## ELECTRONIC SUBMITTAL Permit Application

SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 06/04/2019 Permit No.: B2019-2390  
Date Issued: 6.19.19 By: *clm*  
CITY OF BEAVERTON Payment Type:  
BUILDING DIVISION

## TYPE OF WORK

- ☐ New construction ☐ Demolition  
☐ Addition/alteration/replacement ☐ Other:

## CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 9100 SW Gemini Drive  
City/State/ZIP: Beaverton OR 97008  
Suite/bldg./apt. no.: Project name: Cascade Microtech  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

## DESCRIPTION OF WORK

Alter existing Fire Sprinkler system to accommodate smalls scale tenant improvement.

☐ PROPERTY OWNER☒ TENANT

Name: Form Factor Inc.  
Address: 9100 SW Gemini Drive  
City/State/ZIP: Beaverton OR 97008  
Phone: (503) 601-1000 Fax:  
E-mail:

☒ APPLICANT☐ CONTACT PERSON

Business name: McKinstry Co.  
Contact name: Alex Forker  
Address: 16790 N.E. Mason St Suite 100  
City/State/ZIP: Portland, OR 97230  
Phone: (971) 420-7550 Fax:  
E-mail: AlexF@mckinstry.com

## CONTRACTOR

Business name: McKinstry Co.  
Address: 16790 N.E. Mason St Suite 100  
City/State/ZIP: Portland, OR 97230  
Phone: (971) 420-7550 Fax:  
CCB No.: 172811

Authorized  
signature:

Print name: Alex Forker Date: 06/03/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$2,900

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8



Development Department  
Building Division  
126 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 05/21/2019 Permit No.: B2019-2167  
Date Issued: 6-19-19 By: [Signature]  
Payment Type: Visa

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Deck Replacement
JOB SITE INFORMATION AND LOCATION	
Job site address: 10865 SW Falcon Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Falcon Deck
Cross street/directions to job site: Cross Street SW 155th Ave	
Subdivision: Murray Hill	Lot no.: 10865
Tax map/parcel no.: 10865	
DESCRIPTION OF WORK	
Replacement of a back deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chris Goetz	
Address: 10865 SW Falcon Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: 971-244-4009	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Venture Construction and Remodeling LLC	
Contact name: Gordon Dickey	
Address: 22504 SW Riggs Rd	
City/State/ZIP: Beaverton, OR 97078	
Phone: 503-516-1439	Fax:
E-mail: Gordondickey@hotmail.com	
CONTRACTOR	
Business name: Venture Construction and Remodeling LLC	
Address: 22504 SW Riggs Rd	
City/State/ZIP: Beaverton, OR 97078	
Phone: 503-516-1439	Fax:
CCB lic.: 177699	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 600
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$290.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Gordon Dickey	5/15/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 6/14/19	Permit No. B2019-2570
Date Issued: 6-18-19	By: [Signature]
	Payment Type: US\$

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7017 SW Hammond Terr, Beaverton, Oregon, 97007	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 9.3 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeawon Jung	
Address: 7017 SW Hammond Terr, Beaverton, Oregon, 97007	
City/State/ZIP:	
Phone: 5033801881	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Lesly Bee	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1220 S 630 E STE 430	
City/State/ZIP: American Fork, UT 84003	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	17,192.93
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Jeffrey Lee

Print name:

Jeff Lee

Date:

05/15/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# ELECTRONIC SUBMITTAL Building Permit Application

SEE I:/BLDG DIV WG-8...



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Approved

## OFFICE USE ONLY

Date Received: 06/03/2019	Permit No.: B2019-2279
Date Issued: 6/17/2019	Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6008 SW Valley Ave	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Le Heiu Apartment
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install New NFPA 13R fire sprinkler system.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as below	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: info@sprinkitfire.com	
CONTRACTOR	
Business name: SprinkIt Fire Protection, Inc.	
Address: PO Box 2227	
City/State/ZIP: Oregon City, OR 97045	
Phone: (503) 272-6650	Fax:
CCB lic.: 211320	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,584
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	remodel
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	05/29/19

Authorized signature:

Print name:	Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

**ELECTRONIC SUBMITAL**  
SEE I:/BLDG DIV WG-8...



Community Development Department  
Building Division  
12725 SW Milikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

RECEIVED

## OFFICE USE ONLY

Date Received: 02/15/2019	Permit No.: B2019-0655
Date Issued: 2/14/2019	
CITY OF BEAVERTON	
Payment Type:	

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4575 SW 99th Ave. 9945 SW Beaverton-Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Higher Ground
Cross street/directions to job site: SW 99th Ave. & Beaverton-Hillsdale Highway	
Subdivision:	Lot no.: 5200
Tax map/parcel no.: 1S114BA	
DESCRIPTION OF WORK	
Interior and exterior revisions to existing restaurant space, including revision of interior bearing and partition walls to create new classrooms and toilet rooms. Site revisions include revisions to existing parking lots, new playgrounds, and new landscaping.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Quattro Development, LLC.	
Address: 110 Jorie Boulevard, Suite 140	
City/State/ZIP: Oak Brook, IL 60523	
Phone: (630) 870-1921	Fax:
E-mail: brett@quattrodevelopment.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CIDA, Inc.	
Contact name: Sander Kohler	
Address: 15895 SW 72nd Ave. Suite 200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 226-1285	Fax:
E-mail: sanderk@cidainc.com	
CONTRACTOR	
Business name: Joseph Hughes Construction	
Address: 11125 SW Barbur Blvd.	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 624-7100	Fax:
CCB lic.: 158061	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	590,000
Existing building area:	square feet 6,032
New building area:	square feet 6,032
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	A-2
New:	E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,032.79
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date: 2/14/19
Print name: Sander Kohler	



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 6/13/19	Permit No.: 32019-2553
Date Issued:	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11255 SW DAVIES ROAD	
City/State/ZIP: BEAVERTON OR 97007	
Suite/bldg./apt. no.: 10	Project name:
Cross street/directions to job site: SCHOLLS FERRY AND DAVIES	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE FIRE ALARM PANEL	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SOFI AT MURRAYHILL	
Address: 11103 SW DAVIES ROAD	
City/State/ZIP: BEAVERTON OR 97007	
Phone: (503) 862-7070	Fax:
E-mail: SOFIMURRAYHILLMGR@PINNACLELIVING.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: UNITED FIRE	
Contact name: JOE PRICE	
Address: 4611 NE MLK JR BLVD	
City/State/ZIP: PORTLAND OR 97211	
Phone: (503) 249-0771	Fax: (503) 249-0572
E-mail: JOE@UNITEDFIREPDX.COM	
CONTRACTOR	
Business name: UNITED FIRE	
Address: 4611 NE MLK JR BLVD	
City/State/ZIP: PORTLAND OR 97211	
Phone: (503) 249-0771	Fax: (503) 249-0572
CCB lic.: 65290	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2855.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	REPLACEMENT
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:

JOE PRICE

Date:

06/10/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-13-19	Permit No.: B2009-0558
Date Issued: 6-13-19	By: CLEVY
Payment Type: CHECK	

### TYPE OF WORK

- ☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling  
☒ Commercial/Industrial  
☐ Accessory building  
☐ Multi-family  
☐ Master builder  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 1500 NW BETHANY BLVD  
City/State/ZIP: BEAVERTON, OR, 97006  
Suite/bldg./apt. no.:  
Project name:  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

ADD 4 STROBES AND 1 HORN STROBE  
TO FIRE ALARM IN NEW OFFICE

☐ PROPERTY OWNER

☐ TENANT

Name: JONES LAM LUSALLE

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: FIRE SYSTEMS WEST

Address: 600 SE MARITIME AVE

City/State/ZIP: VANCOUVER, WA 98661

Phone: 360-963-9906

Fax:

CCB lic.: 49732

Authorized signature: Walt Owens

Print name: WALT OWENS

Date: 6/13/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 3,800.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6.14.19	Permit No.:	B209-2572
Date Issued:	6.14.19	By:	CLWY
		Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Roofing
JOB SITE INFORMATION AND LOCATION	
Job site address: 12350 SW 5th St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Community Center
Cross street/directions to job site: Cross street of SW 5th St & SW Tucker Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear off existing roofing on 2 Roof decks and install new Roofing	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton	
Address: 12350 SW 5th St	
City/State/ZIP: Beaverton, OR 97005	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Fisher Roofing	
Address: 13580 SW Galbreath Dr	
City/State/ZIP: Sherwood, OR 97140	
Phone: (503) 227-7663	Fax:
CCB lic.: 45970	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$21,033
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6.14.19	Permit No.: B2019-2568
Date Issued: 6.14.19	By: CLEVY
Payment Type:	

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 15021 SW Millikan Way  
City/State/ZIP: Beaverton OR  
Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

Murray

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

ADD Smoke and Strobe in Room 108

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Morrison Co

Contact name: Rick Lyons

Address:

City/State/ZIP: Tualatin

Phone: 971 344 0991

Fax:

E-mail:

### CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 18990

Authorized signature:

Print name:

Date:

Isaac M. Juarez

6-14-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$1700

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 6/13/19	Permit No.: B2019-2504
Date Issued: 6/13/19	By: CLEM
	Payment Type: VISA

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 10600 SW TAYLOR

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

SW VALERIA VIEW DR / SW TAYLOR

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF BLD 513/553/521

☐ PROPERTY OWNER

☐ TENANT

Name: PETERKONST RESIDENTIAL LLC

Address: 9755 SW BARNES RD #690

City/State/ZIP: PORTLAND, OR 97225

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: FASTER PERMITS

Contact name: ZAC HUNTON

Address: 2000 SW 1ST AVE

City/State/ZIP: PORTLAND, OR 97201

Phone: 503 438 9654

Fax:

E-mail: ZAC@FASTERPERMITS.COM

### CONTRACTOR

Business name: EXECUTIVE COATING & CONTRACTING

Address: 8765 East ORCHARD RD, SUITE 703

City/State/ZIP: GREENWOOD VILLAGE, CO 80111

Phone: 503 327 3124

Fax:

CCB lic.: 193466

Authorized signature:

Print name:

ZAC HUNTON

Date:

6/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$554600

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/13/19	Permit No.: B2019-2565
Date Issued: 6/13/19	By: CLEW
	Payment Type: CARD

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 10600 SW TAYLOR

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

SW VALERIA VIEW DR / SW TAYLOR

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF BLDG 450/454/458/446

☐ PROPERTY OWNER

☐ TENANT

Name: PETERKON RESIDENTIAL LLC

Address: 4755 SW BARNES RD #690

City/State/ZIP: PORTLAND, OR 97225

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: FASTER PERMITS

Contact name: ZAC HORTON

Address: 2000 SW 1ST AVE

City/State/ZIP: PORTLAND, OR 97201

Phone: 503 438 9654

Fax:

E-mail: ZAC@FASTERPERMITS.COM

### CONTRACTOR

Business name: EXECUTIVE COATING & CONTRACTING

Address: 8765 EAST OREGON RD, SUITE 703

City/State/ZIP: GREENWOOD VILLAGE, CO 80111

Phone: 503 327 3124

Fax:

CCB Lic.: 193466

Authorized signature:

Print name:

ZAC HORTON

Date:

6/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$8,877.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6.13.19	Permit No.: B2019-2867
Date Issued: 6.13.19	By: CLEVY
	Payment Type: VISA

### TYPE OF WORK

- ☐ New construction  
☒ Addition/alteration/replacement  
☐ Demolition  
☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling  
☒ Commercial/industrial  
☐ Accessory building  
☐ Multi-family  
☐ Master builder  
☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10600 SW TAYLOR

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

SW VALERIA VIEW DR / SW TAYLOR

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF BLD 529 - 10926

☐ PROPERTY OWNER

☐ TENANT

Name: PETERKONT RESIDENTIAL LLC

Address: 4755 SW BARNES RD #690

City/State/ZIP: PORTLAND, OR 97225

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: FASTER PERMITS

Contact name: ZAC HORTON

Address: 2000 SW 1ST AVE

City/State/ZIP: PORTLAND, OR 97201

Phone: 503 438 9654

Fax:

E-mail: ZAC@FASTERPERMITS.COM

### CONTRACTOR

Business name: EXECUTIVE COATING & CONTRACTING

Address: 8765 EAST ORCHARD RD, SUITE 703

City/State/ZIP: GREENWOOD VILLAGE, CO 80111

Phone: 503 327 3124

Fax:

CCB lic.: 193466

Authorized signature:

Print name: ZAC HORTON

Date: 6/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$7310.00

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/13/19	Permit No. B2019-2506
Date Issued: 6/13/19	By: CLEUY
	Payment Type: UGA

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/Industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 10600 SW TAYLOR  
City/State/ZIP:  
Suite/bldg./apt. no.: Project name:  
Cross street/directions to job site:  
SW VALERIA VIEW DR / SW TAYLOR  
Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF BLD 462/466/438/505

### PROPERTY OWNER

### TENANT

Name: PETERKONST RESIDENTIAL LLC  
Address: 9755 SW BARNES RD #690  
City/State/ZIP: PORTLAND, OR 97225  
Phone: Fax:  
E-mail:

### APPLICANT

### CONTACT PERSON

Business name: FASTER PERMITS  
Contact name: ZAC HUNTON  
Address: 2000 SW 1ST AVE  
City/State/ZIP: PORTLAND, OR 97201  
Phone: 503 438 9654 Fax:  
E-mail: ZAC@FASTERPERMITS.COM

### CONTRACTOR

Business name: EXECUTIVE COATING & CONTRACTING  
Address: 8765 EAST ORCHARD RD, SUITE 703  
City/State/ZIP: GREENWOOD VILLAGE, CO 80111  
Phone: 503 327 3124 Fax:  
CCB Lic.: 193466

Authorized signature:

Print name: ZAC HUNTON Date: 6/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

\$7,278

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



PERMIT # B2019-2313

Date 5/31/2019

Issued:

Issued By: clevy

## BUILDING PERMIT

### City of Beaverton

PO 4755, Beaverton, OR 97076

Phone: (503) 526-2403; Fax: (503) 526-2550

Internet Address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

Call For Inspection

24-HOUR INSPECTION REQUEST LINE:

(503) 526-2400

### WEB INSPECTION REQUESTS:

[www.beavertonoregon.gov/WebInspectionRequest](http://www.beavertonoregon.gov/WebInspectionRequest)

Requests for inspections must be made by 7AM to receive an inspection on that day. Request after 7AM will be processed the following day.

### Job Site Address:

7702 SW CANYON LN

Parcel No: 1S112BD0340

Description: ROMAN 2 LOT PARTITION: ADDITION TO EXISTING SFR.  
REMOVE ROOF & 2ND FLOOR ADD (1) LEVEL ADDTION &  
BASEMENT.

Permit Type: SWRWATR

Permit  
SubType: NEW

### More Information:

Owner: MONICA & GEORGE CARP

Address: 7702 SW CANYON LN BEAVERTON OR 97225

Telephone Number: (503) 481-8161

Contractor: MONICA & GEORGE CARP

Address: 7702 SW CANYON LN BEAVERTON OR 97225

Telephone Number: (503) 481-8161

CCB No:

### Contractor's/Owners Authorized Agent

Print Name: George Carp

Signature: [Signature] Date: 5/31/19

I certify that I have read this application and state that the above information is correct. I agree to comply with all City Ordinances and State laws relative to building construction and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

This permit is issued subject to the Beaverton Municipal Code, State of Oregon Specialty Codes and all other applicable laws and ordinances. This permit shall expire and become null and void if the work authorized by this permit is not commenced within 180 days. Should any work authorized by this permit be suspended or abandoned for 180 days, this permit shall become null and void. Permits are not transferable. A new permit will be required for any work covered by an expired permit. This permit is not valid unless signed by all parties indicated.

# Building Permit Application

BUILDING SERVICES DIVISION



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5/31/19	Permit No. B2019-1837
Date Issued: 6-13-19	By: [Signature]
RECEIVED	Payment Type: VISC

### TYPE OF WORK

- ☐ New construction ☐ Demolition
- ☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/industrial
- ☐ Accessory building ☐ Multi-family
- ☐ Master builder ☒ Other: CARPORT

### JOB SITE INFORMATION AND LOCATION

Job site address: 14214-14280 SW FARMINGTON RD  
City/State/ZIP: BEAVERTON, OR 97005  
Suite/bldg./apt. no.: Project name:  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

REPLACE FIRE DAMAGED CARPORT

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: PROPERTY DAMAGE SOLUTIONS, LLC

Contact name: CHRIS NESTERROOK

Address: 2850 SW CEDAR HILLS BLVD. #106

City/State/ZIP: BEAVERTON OR

Phone: 503.341.6201

Fax:

E-mail: CHRIS@PDSLLC.NW.COM

### CONTRACTOR

Business name: CHARTER CONSTRUCTION

Address: 3747 SE 8TH AVE.

City/State/ZIP: PORTLAND, OR 97202

Phone: 503.575.8695

Fax:

CCB lic.: 166313

Authorized signature: [Signature]

Print name: CHRIS NESTERROOK

Date: 5.3.19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$18,000

Existing building area: square feet

New building area: square feet

Number of stories: 1

Type of construction: V-1 HR

Occupancy groups: U

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1:/BLDG DIV WG-8...



Development Department  
Building Division  
Kan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 05/15/2019	Permit No.: B2019-2074
Date Issued: 6-13-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10115 SW Heather Lane	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Fitterer sun room / deck
Cross street/directions to job site: Scholls Ferry Rd, west towards Hwy 217, on Heather Lane	
Subdivision: Denney Whitford	Lot no.: W283271
Tax map/parcel no.: 1S123CB01100	
DESCRIPTION OF WORK	
Build sun room addition under existing 19 x 12 main floor addition. Includes foundation, framing, exterior doors (2), window (1), electrical outlets and lighting to code, cement slab floor, insulation, drywall, heated space. Also adding a deck at main floor level with stairs to back yard.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mark & Laurie Fitterer	
Address: 10115 SW Heather Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 758-6850	Fax:
E-mail: mark.fitterer@jedunn.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Doss Design & Construction LLC	
Contact name: Bill Doss	
Address: 21550 SE Tillstrom Rd	
City/State/ZIP: Damascus, OR 97089	
Phone: (503) 997-9080	Fax:
E-mail: dossdesignconstruction@gmail.com	
CONTRACTOR	
Business name: Doss Design & Construction LLC	
Address: 21550 SE Tillstrom Rd	
City/State/ZIP: Damascus, OR 97089	
Phone: (503) 997-9080	Fax:
CCB lic.: 194823	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	70000
Number, of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	1
New dwelling area:	square feet 200
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 456
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:	Date:
Bill Doss	05/13/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 06/04/2019	Permit No.: B2019-2361
Date Issued: 0-13-19	By: [Signature]
Payment Type: USA	

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11545 SW Welch Ct	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Odien - 32291
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127CD01000	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kurt & Sandra Odien	
Address: 11545 SW Welch Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Terraforma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terraformafs.com	
CONTRACTOR	
Business name: Terraforma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: [Signature]	Date: 5.31.19
Print name: Heather Rogers	



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 3-20-17	Permit No.: B2017-1039
Date Issued: 6/13/17	By: [Signature]
	Payment Type: [Signature]

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Code Re-evaluation
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Code Re-evaluation
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Code Re-evaluation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Property Management	
Address: 9755 SW Barnes Rd. #620	
City/State/ZIP: Portland, OR 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects	
Contact name: Lori Kellow	
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 977-5222	Fax: (503) 245-7710
E-mail: lorik@ankrommoisan.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: [Signature]	
Print name: Lori Kellow	Date: 03/17/17

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$160.00

Amount received \$160.00

Date received: 3-20-17

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14



# Building Permit Application

City of Beaverton

PO Box 4755, Beaverton, OR 97076

Phone (503) 526-2403; Fax: (503) 526-2550

Internet address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

## OFFICE USE ONLY

Date Received: 6-13-19	Permit No.: B2019-2548
Date Issued: 6-13-19	By: JKL
	Payment Type: Visa
1&2 family: Simple	Complex:

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 240 NW Lost Springs Terrace #36

City/State/ZIP: Portland, OR 97229

Suite/bldg./apt. no.: Timberland Town Center Project name: Pharmaca Integrative

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Replace and add (3) new sprinklers due to new ceiling and wall construction (clean room).

☒ PROPERTY OWNER

☐ TENANT

Name: Pharmaca Integrative Pharmacies

Address: 4940 Pearl East Circle, #301

City/State/ZIP: Boulder, CO 80301

Phone: ( 303 ) 867-3147

Fax: ( )

☒ APPLICANT

☐ CONTACT PERSON

Business name: Red Hawk Fire Protection

Contact name: Brent Cullinane

Address: 3801 Fruit Valley Rd Suite D

City/State/ZIP: Vancouver, WA 98660

Phone: ( 360 ) 984-3712

Fax: : ( )

E-mail: [brentc@redhawkfp.com](mailto:brentc@redhawkfp.com)

### CONTRACTOR

Business name: Red Hawk Fire Protection

Address: 3801 Fruit Valley Rd Suite D

City/State/ZIP: Vancouver, WA 98660

Phone: ( 360 ) 984-3712

Fax: ( )

CCB lic.: 219157

Authorized signature:

Print name: Brent Cullinane

Date: 6/13/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 1,800.00

Existing building area: 4,500 square feet

New building area: square feet

Number of stories: 1

Type of construction: Type V-5

Occupancy groups: M

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$168.13

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

440-4613T (11/02/COM/WEB)

# ELECTRONIC SUBMITTAL

## Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Approved

OFFICE USE ONLY	
Date Received: 02/15/2019	Permit No.: B2019-0644
Date Issued: 12-12-19	By: <i>clm</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13840 NW Cornell Road	
City/State/ZIP: Portland, OR 97229	
Sub/bldg./apt. no.:	Project name: Sunset High School
Cross street/directions to job site: NW Trail Ave., project is in auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N133BC01300	
DESCRIPTION OF WORK	
Improvements in the auditorium include enlarging the control booth to accommodate a new fixed ladder, new access panel to attic catwalk, and relocation of an existing receptacle for existing equipment (to be covered under a deferred submittal).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Lindsay Furlong	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511	Fax: (503) 525-0440
E-mail: lindsayf@opsisarch.com	
CONTRACTOR	
Business name: TBD HOLLYWOOD LIGHTS, INC	
Address: 5251 SE McLOUGHLIN	
City/State/ZIP: PORTLAND, OR 97202	
Phone: 503-232-9001	Fax:
CCB No.: 78109	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$20,000
Existing building area:	square feet 6754
New building area:	square feet 6754
Number of stories:	1
Type of construction:	(SVT) ICBX
Occupancy groups:	E
Existing:	E
New:	E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

*CHRIS BALDWIN*

Date:

6/12/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/12/19	Permit No.: B2019-2536
Date Issued:	By: CLEVY
	Payment Type: USA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10600 SW TAYLOR	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW VALERIA VIEW DR / SW TAYLOR	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RE-ROOF BLD 470, 430, 434, & 442	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PETERKONST RESIDENTIAL LLC	
Address: 9755 SW BARNES RD #690	
City/State/ZIP: PORTLAND, OR 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FASTER PERMITS	
Contact name: ZAC HORTON	
Address: 2000 SW 1ST AVE	
City/State/ZIP: PORTLAND, OR 97201	
Phone: 503 438 9654	Fax:
E-mail: ZAC@FASTERPERMITS.COM	
CONTRACTOR	
Business name: EXECUTIVE COATING & CONTRACTING	
Address: 8765 EAST ORCHARD RD, SUITE 703	
City/State/ZIP: GREENWOOD VILLAGE, CO 80111	
Phone: 503 327 3124	Fax:
CCB lic.: 193466	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9528.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:

Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/12/19	Permit No.:	B009-2088
Date Issued:	6/12/19	By:	clew
		Payment Type:	NOA

### TYPE OF WORK

- |                                                          |                                                |
|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New construction                | <input checked="" type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:                |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 5355 SW 107th St  
City/State/ZIP: Beaverton OR, 97005  
Suite/bldg./apt. no.:  
Project name:  
Cross street/directions to job site:

Subdivision:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Demo 1 existing Warehouse building

### PROPERTY OWNER

### TENANT

Name: BSS Beaverton LLC  
Address:  
City/State/ZIP:

Phone: 816-888-7399

Fax:

E-mail: agerschulte@northpointKC.com

### APPLICANT

### CONTACT PERSON

Business name: Foster Permits

Contact name: Austin Cheadle

Address: 2000 SW 10th Ave

City/State/ZIP: Portland OR, 97201

Phone: 971-678-5405

Fax:

E-mail:

### CONTRACTOR

Business name: Elder Demolition INC

Address: 6400 SE 101st Ave Ste 201

City/State/ZIP: Portland OR

Phone:

Fax:

CCB lic.: 121650

Authorized signature:

Print name: Austin Cheadle

Date: 6/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 70,800

Existing building area: 40,000 square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**Electronic  
Submittal**  
Beaverton  
OREGON

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 4-15-19	Permit No.: B2019-1537
Date Issued: 01/10/19	By: Cheryl
	Payment Type: check

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 8565 SE Beaverton-Hillsdale Highway  
City/State/ZIP: Portland, Or 97225  
Suite/bldg./apt. no.: Project name: Pipster Prep  
Cross street/directions to job site: SW Poplar Lane

Subdivision: Lot no.:

Tax map/parcel no.: 1S114AD00100

### DESCRIPTION OF WORK

Pipster Prep: Tenant Improvement at one-story commercial building with usable basement. Scope Includes repartitioning of space with no change of use. Pipster Prep will be approximately 6,610 square feet.

☒ PROPERTY OWNER

☐ TENANT

Name: Tessa Stevens  
Address: 8535 Beaverton-Hillsdale Highway  
City/State/ZIP: Portland OR 97225  
Phone: Fax:  
E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Minarik Architecture, Inc  
Contact name: Doug Minarik  
Address: 2222 NE Oregon #217  
City/State/ZIP: Portland, OR 97232  
Phone: (971) 391-6749 Fax:  
E-mail: doug@minarikarch.com

### CONTRACTOR

Business name: TBD  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.:

Authorized  
signature:

Print name:	Date:
JOE MALBOEUF	04/15/20

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

190,000

Existing building area: square feet 11,365

New building area: square feet 11,365

Number of stories: 1

Type of construction: V B

Occupancy groups: E, B

Existing:

New: No Change

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$2,086.03
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Email: (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

## OFFICE USE ONLY

Date Received: 5/31/19	Permit No.: B2009-111
Date Issued: 6-11-19	By: KMK
	Payment Type: VISA

### TYPE OF WORK

<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 2940 SW Cedar Hills Blvd	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: CHICK-FIL-A
Cross street/directions to job site:	

Subdivision:	Lot no.:
Tax map/parcel no.:	

### DESCRIPTION OF WORK

HOOK UP ANSUL KITCHEN FIRE SUPPRESSSION SYSTEMS (2) INTO  
TYPE 1 EXHAUST HOODS - PRE PIPED SYSTEMS FROM HOOD MFG.

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☒ CONTACT PERSON

Business name: SANDERSON FIRE PROTECTION

Contact name: GEOFF SPAHR

Address:

City/State/ZIP:

Phone: (503) 889-3110

Fax:

E-mail: GEOFF@SANDERSONFIRE.COM

### CONTRACTOR

Business name: SANDERSON FIRE PROTECTION

Address: 1101 SE 3RD AVE

City/State/ZIP: PORTLAND, OR 97214

Phone: (503) 889-3110

Fax:

CCB No.: 208652

Authorized  
signature:

*Geoff Spahr*

Print name:

GEOFF SPAHR

Date:

4/30/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

2000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-11-19	Permit No.: B2019-2513
Date Issued: 6-11-19	By: ML
	Payment Type: MC

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 13230 SW Carr St.  
City/State/ZIP: Beaverton OR 97008  
Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Bedroom / Bathroom addition

☒ PROPERTY OWNER

☐ TENANT

Name: Nathan Goodloe  
Address: 13230 SW Carr St  
City/State/ZIP: Beaverton OR 97008  
Phone: 503 515-9613 Fax:  
E-mail: we4goodloes@gmail.com

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.:

Authorized signature:

Print name:

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 25,000

Number of bedrooms: 1

Number of bathrooms: 1

Total number of floors:

New dwelling area: 300 square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 6-11-19	Permit No.: B2019-0009
Date Issued: 6-11-19	By: CLW
	Payment Type: VFOA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12305 SW Horizon Blvd	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: STRETCHLABS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
DIEMO EXISTING BATHROOM HEAD & ADD HEAD TO NEW BATHROOM	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: FIRE STRETCHLABS	
Address: 12305 SW Horizon Blvd	
City/State/ZIP: BEAVERTON, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FIRE ONE FIRE SYSTEMS, INC	
Contact name: Nick Bocchetto	
Address: PO Box 734	
City/State/ZIP: OC, OR 97045	
Phone: 503 557 9050	Fax:
E-mail: Nick@fireone.org	
CONTRACTOR	
Business name: Same ↑	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 98140	
Authorized signature: [Signature]	
Print name: Nick S Bocchetto	Date: 11 Jun 19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

**OFFICE USE ONLY**

Date Received: 6-11-19	Permit No: B2019-2511
Date Issued: 6-11-19	By: CLEM
	Payment Type: CARD

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8085 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: MacKenzie Golf
Cross street/directions to job site: SW Hall Blvd.	
Subdivision:	Lot no.: 01300
Tax map/parcel no.: 1S127AB	
DESCRIPTION OF WORK	
This project involves selective demolition of unwanted improvements and limited construction of new tenant improvements to accommodate a new tenant in previously occupied tenant space.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 8275 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 450-0831	Fax:
E-mail: EmilyM@Harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Simpson Architect, PC	
Contact name: Robert C. Simpson	
Address: 31177 SW Simpson Road	
City/State/ZIP: Cornelius, OR 97113	
Phone: (503) 709-9653	Fax:
E-mail: R.C.Simpson@iCloud.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Road, Suite 190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

**Valuation**

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

**REQUIRED DATA: COMMERCIAL-USE CHECKLIST**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

**Valuation**

\$54,800.00

Existing building area: square feet 10201

New building area: square feet 0

Number of stories: 1

Type of construction: 3-B

Occupancy groups:

Existing: B/F-1/S-1

New: B/F-1/S-1

**NOTICE**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

**BUILDING PERMIT FEES\****Please refer to fee schedule*

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:

Date:



## Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222 V/TDD  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 06/11/19 Permit No.: B2019-2507  
Date Issued: 06/11/19 By: [Signature]  
Payment Type: Check / CARD

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4105 SW 117th AVE	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: SUITE A	Project name: GEICO INSURANCE
Cross street/directions to job site: SW CANYON RD	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S110CD00900 / R65379	
DESCRIPTION OF WORK	
New T.I. build out within shell building, work includes interior partitions, ceilings, break room, lighting, and casework.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: GEICO INSURANCE	
Address: 8845 SW CASCADE AVE, STE 10	
City/State/ZIP: Portland, Or 97208	
Phone: (503) 924-3320	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Baysinger Partners Architecture	
Contact name: MATTHEW LILLARD	
Address: 1006 SE Grand Ave	
City/State/ZIP: Portland, Or 97214	
Phone: (503) 546-1600	Fax:
E-mail: MattL@baysingerpartners.com	
CONTRACTOR	
Business name: PACIFIC CREST CONSTRUCTION	
Address: 17750 SW UPPER BOONES FERRY RD	
City/State/ZIP: 97224 DURHAM, OR 97224	
Phone: (503) 287-7055	Fax:
CCB lic.: 66915	
Authorized signature: [Signature]	Date: 6/12/2019
Print name: MATTHEW LILLARD	06/12/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$76,500

Existing building area: square feet 2,425

New building area: square feet 2,425

Number of stories: 1

Type of construction: V-B [Signature]

Occupancy groups: B

Existing: B A2

New: B

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

ES. 4  
F.A.

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fee due on application

Amount received

Date received: 06/11/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/7/2019	Permit #: 132019.2456
Date Issued: [Signature]	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16305 NW Bethany Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 109	Project name: OGA Gym
Cross street/directions to job site: Cornell	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Increase partition wall height with steel studs clad with drywall to enclose space.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: OGA	
Address: 16305 NW Bethany Ct	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 531-3409	Fax:
E-mail: leonard.spivey@ogagym.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: JL Garland, LLC	
Contact name: Justin Grubb	
Address: 953 SE 65th Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 332-6366	Fax:
E-mail: justin@jlgarlandgc.com	
CONTRACTOR	
Business name: justin@jlgarlandgc.com	
Address: 953 SE 65th Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 332-6366	Fax:
CCB lic.: 224760	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

### Valuation

\$3000.00

Existing building area: square feet

New building area: square feet

Number of stories: 1

Type of construction: Block

Occupancy groups: Industrial/Warehouse

Existing:

New:

## NOTICE

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## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	150.98
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B-70-1001

REV 2/14

Authorized signature:

Print name:

Date: 6.4.19

06/04/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5/19/2019	Permit No: 62019-1967
Date Issued: 6/10/19	By: [Signature]
Payment Type: USA	

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: [Signature]

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15214 SW Teal Blvd	Project name: Andover Park
City/State/ZIP: Beaverton OR, 97007	
Sub/bldg/apr. no.: (S) 15214	
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1/2" with 1/2" (8" exposure)  
handie plank cedar mill lap siding

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC	
Address: 15214 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-852-6465	Fax: 949-272-6798
E-mail: slott@airmanprimegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97034	
Phone: 503-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

Authorized signature: [Signature]

Print name: Gabriel Mackillop

Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1186.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 5/9/2019	Permit No: 152019-1966
Date Issued: 6/10/19	By: [Signature]
Payment Type: [Signature]	

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: [Signature]

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15210 SW Teal Blvd	Project name: Andover Park
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.: 415210	
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. (changing  
1x8 cedar + 1x9 with 1x9.75" (6" exposure)  
handie plank cedar mill lap siding)

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: scott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5609 Apt F Foothills Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

Authorized signature: [Signature]

Print name: Gabriel Mackillop

Date: 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1,186.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5/8/2019 Permit No.: B2019-1962  
Date Issued: 6/16/19 By: [Signature]  
Payment Type: USA

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☒ Other: [Signature]

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☐ Commercial/Industrial  
☐ Accessory building ☒ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15204 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Suite/bldg./apt. no.: (2) 15204 Project name: Andover Park  
Cross street/directions to job site: Teal Blvd  
Subdivision: R5 Lot no.: 1513200004007  
Tax map/parcel no.:

### DESCRIPTION OF WORK

100% Siding replacement. Changing  
1x8 cedar + 1x6 with 1x8 9.75" (8" exposure)  
handie plank cedar mill lap siding

### PROPERTY OWNER

☐ TENANT

Name: Prime Teal, LLC  
Address: 15204 SW Teal Blvd  
City/State/ZIP: Beaverton OR 97007  
Phone: 503 852-6465 Fax: 949-272-6798  
E-mail: Scott.Aikman@primeteal.com

### APPLICANT

☐ CONTACT PERSON

Business name: arrow building company, LLC  
Contact name: Gabe Mackillop  
Address: 509 Apt F Foothills Blvd Rd  
City/State/ZIP: Lake Oswego, OR 97034  
Phone: 415-519-0110 Fax: 949-272-6795  
E-mail: gabe@arrowbuilding.co

### CONTRACTOR

Business name: same as applicant  
Address:  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 225537

Authorized  
signature:

Print name:

Date:

Gabriel Mackillop 5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

80,105 -

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

1,186.10

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



OFFICE USE ONLY		
Date Received:	MAY 8 2019	Permit No: 152019-1931
Date Issued:	6/10/19	By: CLAY
		Payment Type: USA

CITY OF BEAVERTON

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,186.10
Amount received	
Date received:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: <i>side</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder <i>15200</i>	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>15200 SW teal Blvd</i>	
City/State/ZIP: <i>Beaverton OR 97007</i>	
Suite/bldg./apt. no.: <i>015200</i>	Project name: <i>Anchor Park</i>
Cross street/directions to job site: <i>Teal Blvd</i>	
Subdivision: <i>R5</i>	Lot no.: <i>151320000400</i>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>100% Siding replacement. (changing 1x8 cedar + 1x9 with 1x9.75" (6" exposure) hardie plank cedar mill lap siding</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Prime Teal, LLC</i>	
Address: <i>15245 SW Teal Blvd</i>	
City/State/ZIP: <i>Beaverton OR 97007</i>	
Phone: <i>533 857-6465</i>	Fax: <i>949-272-6798</i>
E-mail: <i>cliff. aikman@primegrp.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>arrow building company, LLC</i>	
Contact name: <i>Gabe Mackillop</i>	
Address: <i>5009 Apt F Foothills Blvd Rd</i>	
City/State/ZIP: <i>Lake Oswego, OR 97304</i>	
Phone: <i>415-519-0110</i>	Fax: <i>949-272-6795</i>
E-mail: <i>gabe@arrowbuilding.co</i>	
CONTRACTOR	
Business name: <i>same as applicant</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: <i>225537</i>	
Authorized signature: <i>[Signature]</i>	
Print name: <i>Gabriel Mackillop</i>	Date: <i>5-1-19</i>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department

Building Division

12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222

BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 5-13-19	Permit No.: B2019-2041
Date Issued: 5-10-19	By: [Signature]
	Payment Type: USA

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Siding

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15286 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.: (32) 15286	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. Changing 1x8 cedar + 1/2" with 1x8 9.25" (8" exposure) hand plane cedar mill lap siding

### PROPERTY OWNER

### TENANT

Name: Prime Teal, LLC	
Address: 15286 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: slaff.alexander@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5609 Apt F Foothills Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 225537	

Authorized signature:

[Signature]

Print name:

Gabriel Mackillop

Date:

**REQUIRED DATA: 1- AND 2-FAMILY DWELLING**  
Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

80,105

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5/8/2019	Permit No: 152019-1963
Date Issued: 6/10/19	By: [Signature]
Payment Type: USA	

### TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: [Handwritten]

### CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 15208 SW Teal Blvd	Project name: Andover Park
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (3) 15208	
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	

### DESCRIPTION OF WORK

100% Siding replacement. Changing 1x8 cedar + 1/2" with 1x8 (8" exposure) handie plank cedar. 11 lap siding

### PROPERTY OWNER

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: slaff.alexander@primegrp.com	

### APPLICANT

<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5609 Apt E Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	

### CONTRACTOR

Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 225537	

Authorized signature:

[Signature]

Print name:

Gabriel Mackillop

Date:

5-1-19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	1,106.10
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	Permit No.: B2019-2450
Date Issued: 6/10/19	By: CUEV
	Payment Type: USA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16305 NW Bethany Ct	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 109	Project name: OGA Gym
Cross street/directions to job site: Cornell	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Increase partition wall height with steel studs clad with drywall to enclose space.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: OGA	
Address: 16305 NW Bethany Ct	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 531-3409	Fax:
E-mail: leonard.spivey@ogagym.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: JL Garland, LLC	
Contact name: Justin Grubb	
Address: 953 SE 65th Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 332-6366	Fax:
E-mail: justin@jlgarlandgc.com	
CONTRACTOR	
Business name: justin@jlgarlandgc.com	
Address: 953 SE 65th Ave	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 332-6366	Fax:
CCB lic.: 224760	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Block
Occupancy groups:	Industrial/Warehouse
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Justin Grubb	06/04/19

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/6/19	Permit No: B2019-0138
Date Issued: 6/6/19	By: CDR
	Payment Type: CASH

### TYPE OF WORK

- |                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 3280 SW 170TH AVE  
City/State/ZIP: BEAVERTON OR  
Suite/bldg./apt. no.: 23, 22, 21 Project name: ARBOR CREEK  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF - BIDS 23, 22, 21

☒ PROPERTY OWNER

☐ TENANT

Name: ARBOR CREEK OWNER LLC  
Address: 701 5TH AVE SUITE 5700  
City/State/ZIP: SEATTLE WA 98104  
Phone: Fax:

E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: BLUE PINE CONSTRUCTION CORP.  
Address: 4857 W 147TH ST D  
City/State/ZIP: HAWTHORNE CA 90250  
Phone: (424) 800-3837 Fax: (424) 800-4957  
CCB lic: 215850

Authorized signature:

Print name: BRADY SMITH

Date: 6/6/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$42,000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6/6/19	Permit No.: B2019-2439
Date Issued: 6/6/19	By: [Signature]
	Payment Type: [Signature]

### TYPE OF WORK

- |                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 3280 SW 170TH AVE  
City/State/ZIP: BEAVERTON OR  
Suite/bldg./apt. no.: 2019 LEASING Project name: ARBOR CREEK  
Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RE-ROOF - Bldg 20, 10 +  
Leasing office

☒ PROPERTY OWNER

☐ TENANT

Name: ARBOR CREEK OWNER LLC  
Address: 701 5TH AVE STE. 5700  
City/State/ZIP: SEATTLE WA 98104  
Phone: Fax:  
E-mail:

☐ APPLICANT

☐ CONTACT PERSON

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

### CONTRACTOR

Business name: BLUE PINE CONSTRUCTION CORP.  
Address: 4857 W 147TH STED  
City/State/ZIP: HAWTHORNE CA 90250  
Phone: (424) 800-3837 Fax: (424) 800-4957  
CCB lic.: 215850

Authorized signature: [Signature]

Print name: BRADY SMITH

Date: 6/6/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$40,000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 6-10-19	Permit No. B2019-2477
Date Issued: 6-10-19	By: [Signature]
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10600 SW TAYLOR	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: DEVERAUX GLEN APARTMENTS
Cross street/directions to job site: VALERIA VIEW DR / TAYLOR ST	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roofing commercial structure (shingles) BLOCK 474, 478, 561, 569	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PETERKORT RESIDENTIAL I LLC	
Address: 9755 SW BARNES RD #690	
City/State/ZIP: PORTLAND, 97225-6657	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Faster Permits	
Contact name: Zac Horton	
Address: 2000 SW 1st Ave #420	
City/State/ZIP: Portland, OR 97201	
Phone: 5034389654	Fax:
E-mail: zac@fasterpermits.com	
CONTRACTOR	
Business name: Executive Coatings and Contracting	
Address: 8765 East Orchard Road, Suite 703	
City/State/ZIP: Greenwood Village, CO 80111	
Phone: (503) 327-3124	Fax:
CCB lic.: 193466	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$105,750.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received	

Authorized signature:

Print name:

Zac Horton

Date

06/07/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-14-19 Permit No.: B2019-2062  
Date Issued: 6-10-19 By: Oneck/clem  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8160 SW 154 Ave	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: Smith
Cross street/directions to job site: Murray Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition Remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mike And Sue Smith	
Address: 8160 SW 154 Ave	
City/State/ZIP: Beaverton Oregon 97007	
Phone: 503-737-7180	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ceder Ridge Construction Inc.	
Contact name: Dean A Scheper	
Address: PO Box 563	
City/State/ZIP: Newberg Oregon 97132	
Phone: 503-730-5560	Fax:
E-mail: deancrc@msn.com	
CONTRACTOR	
Business name: ^ S.A.A. ^	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 184246	

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	168,000.00
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	2
New dwelling area:	square feet 381
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$1,167.50
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:	Date:
Dean A Scheper	5/13/2019

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received:	6/10/14	Permit No.:	B0011-2473
Date Issued:		By:	CLEU
		Payment Type:	CHECK

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input checked="" type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family                     |
| <input type="checkbox"/> Master builder           | <input type="checkbox"/> Other:                           |

### JOB SITE INFORMATION AND LOCATION

Job site address: 10760 SW Denney Road  
City/State/ZIP: Beaverton, OR 97008  
Suite/bldg./apt. no.:  
Project name:  
Cross street/directions to job site:

Subdivision:  
Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Remove existing roof down to metal deck.  
Mechanically fasten R-20 ISO. Mechanically fasten  
2060 TPO single ply. Class A roof.

☒ PROPERTY OWNER ☒ TENANT

Name: Harsch Investments  
Address: 10123 SE Britton Court  
City/State/ZIP: Clackamas, OR 97015  
Phone: 503-786-6616 Fax:  
E-mail: Lisan@harsch.com

☒ APPLICANT ☒ CONTACT PERSON

Business name: Brian Kearney  
Contact name: ABC Roofing Co.  
Address: 10123 SE Britton Court  
City/State/ZIP: Clackamas, OR 97015  
Phone: 503-786-0610 Fax:  
E-mail: brian@abcroofingco.com

### CONTRACTOR

Business name: 11  
Address: 11  
City/State/ZIP: 11  
Phone: 11 Fax:  
CCB lic.: H27

Authorized signature:

Print name: Brian Kearney Date: 6/10/14

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$13,200.00

Existing building area: 2,000 square feet

New building area: 2,000 square feet

Number of stories: 1

Type of construction: Reroof

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...

City Development  
97076  
503) 528-2550  
beavertonoregon.gov

## OFFICE USE ONLY

Date Received: 06/07/2019

Permit No.: B2019-2445

Date Issued: 6-10-19

By: ML

CITY OF BEAVERTON

Payment Type: MC

### TYPE OF WORK

☐ New construction

☐ Demolition

☒ Addition/alteration/replacement

☐ Other:

### CATEGORY OF CONSTRUCTION

☐ 1- and 2-family dwelling

☒ Commercial/Industrial

☐ Accessory building

☐ Multi-family

☐ Master bullder

☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 1500 NW BETHANY BLVD

City/State/ZIP: BEAVERTON OR 97006

Suite/bldg./apt. no.: 255

Project name: SUITE 255

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

RELOCATE 3 PENDANT FIRE SPRINKLERS FOR NEW WALLS

☒ PROPERTY OWNER

☐ TENANT

Name: ROBERT TODD CONSTRUCTION

Address:

City/State/ZIP:

Phone:

Fax:

☒ APPLICANT

☐ CONTACT PERSON

Business name: FIRE SYSTEMS WEST

Contact name: JASON SAMPSON

Address: 600 SE MARITIME AVE #300

City/State/ZIP: VANCOUVER, WA 98661

Phone: 360 693 9906

Fax:

E-mail: JASONS@FIRESYSTEMSWEST.COM

### CONTRACTOR

Business name: FIRE SYSTEMS WEST

Address:

City/State/ZIP:

Phone:

Fax:

CCB No.: 49732

Authorized signature: *Jason Sampson*

Print name: JASON SAMPSON

Date: 6-5-19

### REQUIRES DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

#### Valuation

1,200.-

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

\$133.00

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

rev 06/11

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
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## OFFICE USE ONLY

Date Received: 06/07/2019	Permit No.: B2019-2454
Date Issued: 6-7-19	By: MK
CITY OF BEAVERTON	
Payment Type: Visa	

## BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7845 SW 131st AVE	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: HARMS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SOLAR PV INSTALLATION 9.0 KW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARMS, JERRY	
Address: 7845 SW 131st AVE	
City/State/ZIP: Beaverton, OR 97008	
Phone: 971-245-5646	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: PROSTAT ELECTRIC	
Contact name: Dale Kueger	
Address: 1721 NE 64th AVE	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503-539-7772	Fax:
E-mail: dale.kueger@comcast.net	
CONTRACTOR	
Business name: PROSTAT ELECTRIC	
Address: 1721 NE 64th AVE	
City/State/ZIP: Vancouver, WA 98661	
Phone: 503-539-7772	Fax:
CCB lic.: 189902	
Authorized signature: Dale Kueger	
Print name: Dale Kueger	Date: 6/5/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$2,000.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$207.20

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
(503) 526-2222 V/TDD  
beavertonOregon.gov

ELECTRONIC SUBMITTAL  
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## OFFICE USE ONLY

Date Received: 06/07/2019	Permit No.: B2019-2452
Date Issued: 6-7-19	By: MC
CITY OF BEAVERTON	Payment Type: MC

## BUILDING DIVISION

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	800
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$207.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 17905 NW Waterfield Ct,  
City/State/ZIP: Beaverton, OR 97006  
Suite/bldg./apt. no.: Project name: Ammon Collins  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

PV ROOF MOUNT  
8.19 kw

### ☒ PROPERTY OWNER

### ☐ TENANT

Name: Ammon Collins  
Address: 17905 NW Waterfield Ct,  
City/State/ZIP: Beaverton, OR 97006  
Phone: 503 894 6903 Fax:  
E-mail:

### ☒ APPLICANT

### ☐ CONTACT PERSON

Business name: SolarCity Corp. dba TESLA  
Contact name: Melissa Farias  
Address: 6132 NE 112th Ave  
City/State/ZIP: Portland OR 97220  
Phone: (503) 894-6903 Fax:  
E-mail: Melissa.Farias@SolarCity.com

### CONTRACTOR

Business name: SolarCity Corp. dba TESLA  
Address: 6132 NE 112th Ave  
City/State/ZIP: Portland OR 97220  
Phone: (503) 894-6903 Fax:  
CCB lic.: 180498

Authorized signature:

*Mfarias*

Print name: Melissa Farias Date: 6.5.19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
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## OFFICE USE ONLY

Date Received: 06/07/2019 Permit No.: B2019-2450  
Date Issued: 6-7-19 By: MK  
CITY OF BEAVERTON Payment Type: Visa  
BUILDING DIVISION

### TYPE OF WORK

- ☐ New construction ☐ Demolition  
☒ Addition/alteration/replacement ☐ Other:

### CATEGORY OF CONSTRUCTION

- ☐ 1- and 2-family dwelling ☒ Commercial/industrial  
☐ Accessory building ☐ Multi-family  
☐ Master builder ☐ Other:

### JOB SITE INFORMATION AND LOCATION

Job site address: 11715 SW Beaverton-Hillsdale Hwy  
City/State/ZIP: Beaverton, OR 97005  
Suite/bldg./apt. no.: B5 Project name: Mud Bay Beaverton  
Cross street/directions to job site:

Subdivision: Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

Add and Demo Fire Sprinkler Heads for TI

☐ PROPERTY OWNER

☐ TENANT

Name:  
Address:  
City/State/ZIP:  
Phone:  
E-mail:

Fax:

☐ APPLICANT

☐ CONTACT PERSON

Business name: Wyatt Fire Protection  
Contact name: Ronin Campbell  
Address: 9095 SE Burnham ST Tigard, OR 97223  
City/State/ZIP:  
Phone: (503) 684-2928 Fax:  
E-mail: r.campbell@wyattfire.com

### CONTRACTOR

Business name:  
Address: Same as above  
City/State/ZIP:  
Phone: Fax:  
CCB lic.: 64077

Authorized signature: Ronin Campbell

Print name: Ronin Campbell Date: 06/03/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 1526

Existing building area: square feet

New building area: square feet 0

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$156.42

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonoregon.gov

ELECTRONIC SUBMITTAL  
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## OFFICE USE ONLY

Date Received: 05/28/2019	Permit No.: B2019-2265
Date Issued: 6-7-19	By: JMK
CITY OF BEAVERTON	
Payment Type:	

## BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6700 SW 105TH AVE	
City/State/ZIP: BVTN OR 97008	
Suite/bldg./apl. no.:	Project name: DENNEY SQUARE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW <del>REPAIR</del> MONUMENT SIGN	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AMERICAN PROPERTY MGMT	
Address: 2154 NE BROWNWAY	
City/State/ZIP: PDX OR 97232	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Hannah Sign Systems	
Contact name: Dave Lanphere	
Address: 1660 SW Bertha Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 946-8373	Fax: (503) 206-4900
E-mail: davel@hannahsignsystems.com	
CONTRACTOR	
Business name: Hannah Sign Systems	
Address: 1660 SW Bertha Blvd	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 946-8373	Fax: (503) 206-4900
CCB lic.: 203638	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 9600 -	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

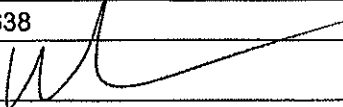
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature: 	Date: 5/28/19
Print name: Dave Lanphere	



# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Russell

B2018-1787

B720 AL

## OFFICE USE ONLY

Date Received: 9-21-18	Permit No.: B2018-4457
Date Issued: 6-7-19	By: MK
	Payment Type: CHUCK

### TYPE OF WORK

- |                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> New construction     | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 15736 SW Wren Ln  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.:  
Project name: Russell  
Cross street/directions to job site:

Subdivision: Westmont  
Lot no.: 13  
Tax map/parcel no.:

### DESCRIPTION OF WORK

NSF R

☒ PROPERTY OWNER

☐ TENANT

Name: DR Horton, Inc  
Address: 4380 SW Macadam Ave Suite 200  
City/State/ZIP: Portland, OR 97239  
Phone: (503) 222-4151  
Fax:  
E-mail: plancheck@drhorton.com

☒ APPLICANT

☐ CONTACT PERSON

Business name: DR Horton, Inc  
Contact name: Amanda Loveridge  
Address: SAME AS ABOVE  
City/State/ZIP:

Phone:  
Fax:  
E-mail: plancheck@drhorton.com

### CONTRACTOR

Business name: DR Horton, Inc  
Address: SAME AS ABOVE  
City/State/ZIP:  
Phone:  
Fax:

CCB lic.: 130859

Authorized signature:

Print name:

Amanda Loveridge

Date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$372,921.00

Number of bedrooms: 4  
Number of bathrooms: 3.5  
Total number of floors: 2  
New dwelling area: 2963 square feet  
Garage/carport area: 399 square feet  
Covered porch area: 33 square feet  
Deck area: 100 square feet  
Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet  
New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application \$1,503.24  
Amount received  
Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL  
SEE I:/BLDG DIV WG-8...

## Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

### OFFICE USE ONLY

Date Received: 05/15/2019	Permit No.: B2019-2081
Date Issued: 6-7-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17354 SW Condor Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUTH COOPER MT	Lot no.: 185
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$343,916.19
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 181
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Sandro Guerrero	05/14/19

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# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 1-8-19	Permit No.: B2018-1836
Date Issued: 6-7-19	By: JML
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
12614 JOB SITE INFORMATION AND LOCATION	
Job site address: 4300 SW Baker Loop	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Rosetta Meadows
Cross street/directions to job site: SW Lombard Ave	
Subdivision: Rosetta Meadows	Lot no.: 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard Baker Properties LLC	
Address: 11279 SW ELLSON LANE	
City/State/ZIP: Beaverton, OR	
Phone: 541-350-1060	Fax:
E-mail: markvukanovich@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lombard Baker Properties LLC	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Lombard Baker Properties LLC	
Address:	
City/State/ZIP:	
Phone: 541-350-1060	Fax:
CCB lic.: 220864	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$277,693.30
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2172 square feet
Garage/carport area:	400 square feet
Covered porch area:	60 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name: Mark Vukanovich	Date: 5/21/2018

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board  
Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 1-8-19	Permit No.: B2019-0080
Date Issued: 6-7-19	By: [Signature]
	Payment Type: Check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12003 SW Baker Loop	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Rosetta Meadows
Cross street/directions to job site: SW Lombard Ave	
Subdivision: Rosetta Meadows	Lot no.: 10
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lombard Baker Properties LLC	
Address: 11279 SW ELLSON LANE	
City/State/ZIP: Beaverton, OR	
Phone: 541-350-1060	Fax:
E-mail: markvukanovich@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lombard Baker Properties LLC	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Lombard Baker Properties LLC	
Address:	
City/State/ZIP:	
Phone: 541-350-1060	Fax:
CCB lic.: 220864	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$294,791.79
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2303 square feet
Garage/carport area:	400 square feet
Covered porch area:	133 square feet
Deck area:	— square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,264.09
Amount received	
Date received:	

Authorized signature:

Print name:

Mark Vukanovich

Date:

5/21/2018

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 6-7-19	Permit No.: 82019-2446
Date Issued: 6-7-19	By: MC
	Payment Type: MC

### TYPE OF WORK

- |                                                                     |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> New construction                           | <input type="checkbox"/> Demolition |
| <input checked="" type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other:     |

### CATEGORY OF CONSTRUCTION

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial |
| <input type="checkbox"/> Accessory building                  | <input type="checkbox"/> Multi-family          |
| <input type="checkbox"/> Master builder                      | <input type="checkbox"/> Other:                |

### JOB SITE INFORMATION AND LOCATION

Job site address: 14320 SW STALLION DR.  
City/State/ZIP: BEAVERTON OR 97008  
Suite/bldg./apt. no.:  
Project name:  
Cross street/directions to job site:

Subdivision:  
Lot no.:  
Tax map/parcel no.:

### DESCRIPTION OF WORK

REMOVES INTERIOR WALL / REPLACE WITH GLB

☐ PROPERTY OWNER

☐ TENANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: FERRINGER CONST. INC.

Contact name: RUSS FERRINGER

Address: P.O. BOX 776

City/State/ZIP: Boring OR 97009

Phone: 503-631-4431

Fax: SAME

E-mail:

### CONTRACTOR

Business name: FERRINGER CONST. INC.

Address:

City/State/ZIP:

Phone:

Fax:

CCB lic.: 155152

Authorized  
signature:

Print name: RUSS FERRINGER

Date: 6/7/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$2500

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application: \$239.92

Amount received:

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



## OFFICE USE ONLY

Date Received: 6-4-19	Permit No.: B2019-2387
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7000 SW Wilson Ave	
City/State/ZIP: Beaverton Oregon 97008	
Suite/bldg./apt. no.:	Project name: Highland Park Middle School
Cross street/directions to job site: Corner of SW Barlow Rd and SW Wilson Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
remove existing flashings, overlay existing roof with 3/4" perlite, install stress base 80 felt at a rate of .25# per sq ft. install new KEE fleeceback membrane set in 2 part adhesive. install all new flashings	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 356-4500	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Flynn BEC LP	
Contact name: Kevin Christian	
Address: 5500 SW Arctic Dr Ste 2	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (253) 202-0900	Fax:
E-mail: kevin.christian@flynncompanies.com	
CONTRACTOR	
Business name: Flynn BEC LP	
Address: 5500 SW Arctic Dr Ste 2	
City/State/ZIP: Beaverton Or 97005	
Phone: (253) 202-0900	Fax:
CCB lic.: 220332	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$849,223
Existing building area:	square feet 110000
New building area:	square feet 110000
Number of stories:	1
Type of construction:	wood/ brick
Occupancy groups:	School
Existing:	BUR
New:	Single Ply
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$7,640.89
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	
Print name:	Date:
Kevin Christian	05/29/19

# Building Permit Application

**ELECTRONIC SUBMITTAL**  
SEE I:/BLDG DIV WG-8...



Development Department  
Building Division  
Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 03/27/2019	Permit No.: B2019-1222
Date Issued: 04/15/2019	Payment Type:

**CITY OF BEAVERTON**  
**BUILDING DIVISION**

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: 11715 SW Beaverton Hillsdale Highway, Building B	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.: Suite B5	Project name: Mud Bay TI
Cross street/directions to job site: Beaverton Town Square	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115BA02000	
<b>DESCRIPTION OF WORK</b>	
T.I. and build-out of an extg retail space. Retail includes the sale of pet food and accessories. Alterations to include non-structural partitions, bathrooms, lighting, ductwork, casework and rack storage for merchandise display	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Mud Bay Inc	
Address: 521 Capitol Way South	
City/State/ZIP: Olympia, Washington, 98501	
Phone: (360) 709-0074	Fax:
E-mail: marisa.wulff@mudbay.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sand Point Studios	
Contact name: T. Bragdon Shields	
Address: 11733 Sand Point Way NE	
City/State/ZIP: Seattle, Washington 98125	
Phone: (206) 465-1325	Fax:
E-mail: sandpointstudios@gmail.com	
<b>CONTRACTOR</b>	
Business name: Western Construction Services, Inc.	
Address: 2300 East Third Loop, Suite 110	
City/State/ZIP: Vancouver, Washington 98661	
Phone: (360) 699-5319	Fax:
CCB lic.: 63717	

Authorized signature:	Date: 03/22/19
Print name: T. Bragdon Shields	

<b>REQUIRED DATA: 1- AND 2-FAMILY DWELLING</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
<b>REQUIRED DATA: COMMERCIAL-USE CHECKLIST</b>	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$160,650
Existing building area:	square feet 6,426
New building area:	square feet 0
Number of stories:	1
Type of construction:	VB assumed
Occupancy groups:	M
Existing:	M
New:	
<b>NOTICE</b>	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
<b>BUILDING PERMIT FEES*</b>	
Please refer to fee schedule	
Fees due upon application	1864.59
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
Phone: (503) 526-2222  
beavertonoregon.gov

Duplicate plan, 2479A Magnolia American,  
as Lot 157 (B2018-3725) both Garage Right

## OFFICE USE ONLY

Date Received: 3-7-2019	Permit No.: B2019-0882
Date Issued: 6-5-19	By: <i>flu</i>
	Payment Type: <i>check</i>

ELECTRONIC SUBMITTAL  
SEE 1/BLDG DIV WG-8...

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17337 SW Kite Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 119
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$316,700.58
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	400 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$665.77
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name:

Juls Call

Date:

07/20/18

## ELECTRONIC SUBMITTAL Permit Application

SEE I:/BLDG DIV WG-8



Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

Re-issued Plan Lot 138, B2018-3726  
2857A Redwood American BUT Garage Left

## OFFICE USE ONLY

Date Received: 05/03/2019	Permit No.: B2019-1831
Date Issued: 6-5-19	By: <i>HW</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17312 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 124
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 195307	

Authorized  
signature:

Print name:	Date:
Juls Call	07/20/18

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	<del>\$362,452.90</del>	\$373,638.44
Number of bedrooms:	4	
Number of bathrooms:	2.5	
Total number of floors:	2	
New dwelling area:	2832	square feet
Garage/carport area:	464	square feet
Covered porch area:	201	square feet
Deck area:		square feet
Other structure area:		square feet

## REQUIRED DATA: COMMERCIAL USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	\$753.15
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

## ELECTRONIC SUBMITTAL Permit Application

SEE I:/BLDG DIV WG 8



Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: <b>RECEIVED</b>	Permit No.: B2019-1656
Date Issued: <b>6-5-19</b> <b>04/23/2019</b>	By: <b>ML</b>
	Payment Type: <b>VISA</b>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9600 SW Nimbus Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: Suite 250	Project name: Intermountain Claims
Cross street/directions to job site: SW Gemini Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
THE SCOPE OF WORK FOR THE PROJECT INCLUDES INTERIOR TENANT IMPROVEMENTS OF APPROXIMATELY 5,183 SQUARE FEET IN THE SECOND FLOOR. WORK TO INCLUDE DEMOLITION, NEW WALLS, RELITES AND FINISHES.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorenstein - Rob Fabian	
Address: 5335 Meadows Road Suite 275	
City/State/ZIP: Lake Oswego OR 97035	
Phone: (503) 412-4844	Fax:
E-mail: rfabian@shorenstein.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mackenzie	
Contact name: Christine Mack	
Address: 1515 SE Water Ave Suite 100	
City/State/ZIP: Portland OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: cmack@mcknze.com	
CONTRACTOR	
Business name: Russell Construction - Donn Sturdivant	
Address: 20915 SW 105th Ave	
City/State/ZIP: Tualatin OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

CITY OF BEAVERTON  
BUILDING DIVISION  
REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

## Valuation

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$20,000

Existing building area: square feet N/A

New building area: square feet N/A

Number of stories: 1

Type of construction: III-B

Occupancy groups: B

Existing: N/A

New: N/A

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

*Christine Mack*

Print name:

Christine Mack

Date:

04/12/19

# Building Permit Application

Community Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Fax: (503) 526-2550  
BeavertonOregon.gov

ELECTRONIC SUBMITTAL  
SEE I./BLDG DIV WG-8...

RECEIVED

## OFFICE USE ONLY

Date Received: 05/10/2019	Permit No.: B2019-1997
Date Issued: 6-5-19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

### TYPE OF WORK

- |                                                          |                                                   |
|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Demolition               |
| <input type="checkbox"/> Addition/alteration/replacement | <input checked="" type="checkbox"/> Other: Repair |

### CATEGORY OF CONSTRUCTION

- |                                                   |                                                   |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/Industrial    |
| <input type="checkbox"/> Accessory building       | <input type="checkbox"/> Multi-family             |
| <input type="checkbox"/> Master builder           | <input checked="" type="checkbox"/> Other: Garage |

### JOB SITE INFORMATION AND LOCATION

Job site address: 12080 SW Spur Ct  
City/State/ZIP: Beaverton, OR  
Suite/bldg./apt. no.: Project name: 12080 SW Spur Ct.

Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

### DESCRIPTION OF WORK

Voluntary repair of existing foundation

☒ PROPERTY OWNER

☐ TENANT

Name: Jim and Lanor Van Kleek

Address: 12080 SW Spur Ct.

City/State/ZIP: Beaverton, OR

Phone: (503) 307-8451

Fax:

E-mail:

☒ APPLICANT

☐ CONTACT PERSON

Business name: Ram Jack West

Contact name: Carley Weise

Address: 862 Bethel Dr.

City/State/ZIP: Eugene, OR

Phone: (541) 600-4779

Fax:

E-mail:

### CONTRACTOR

Business name: Ram Jack West

Address: 862 Bethel Dr

City/State/ZIP: Eugene OR

Phone: (541) 600-4779

Fax:

CCB Lic.: 146906

Authorized  
signature:

Print name:

Date:

Carley Weise

05/23/19

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 14,180

Number, of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

## Permit Application

Development Department  
Building Division  
12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 05/21/2019

Permit No.: 3209-2157

Date Issued:

Payment Type:

CITY OF BEAVERTON  
BUILDING DIVISION

## TYPE OF WORK

☐ New construction☐ Demolition☒ Addition/alteration/replacement☐ Other:

## CATEGORY OF CONSTRUCTION

☒ 1- and 2-family dwelling☐ Commercial/Industrial☐ Accessory building☐ Multi-family☐ Master builder☐ Other:

## JOB SITE INFORMATION AND LOCATION

Job site address: 10515 SW 161<sup>st</sup> ct.

City/State/ZIP: BEAVERTON OR 97007

Suite/bldg./apt. no.:

Project name:

Cross street/directions to job site:

Subdivision:

Lot no.:

Tax map/parcel no.:

## DESCRIPTION OF WORK

REBUILD EXISTING DECK

☒ PROPERTY OWNER☐ TENANT

Name: KENT SMOTHERS

Address: 10515 SW 161<sup>st</sup> ct.

City/State/ZIP: BEAVERTON OR 97007

Phone: (503) 380-8170

Fax:

E-mail:

☐ APPLICANT☐ CONTACT PERSON

Business name: Colonial decks and fences

Contact name: TONY MARANDYUK

Address: 9698 SE Nicholas dr

City/State/ZIP: Happy Valley OR 97086

Phone: (503) 896-4760

Fax:

E-mail: tony.marandyuk@yahoo.com

## CONTRACTOR

Business name: Custom Designed Exteriors

Address: 9698 SE Nicholas dr

City/State/ZIP: Happy Valley OR 97086

Phone: (503) 896-4760

Fax:

CCB lic.: 183488

Authorized  
signature:

Print name:

TONY MARANDYUK

Date: 5/20/19

## REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

\$14,000

Number of bedrooms:

N/A

Number of bathrooms:

N/A

Total number of floors:

1

New dwelling area:

250 square feet

Garage/carport area:

square feet

Covered porch area:

square feet

Deck area:

360 square feet

Other structure area:

square feet

## REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area:

square feet

New building area:

square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

## NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

## BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application

Amount received

Date received:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

# Building Permit Application

ELECTRONIC SUBMITTAL  
SEE 1:BLDG DIV WG-8...



City Development Department  
Building Division  
Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov

## OFFICE USE ONLY

Date Received: 5-13-19	Permit No.: B2019-0013
Date Issued: 5/14/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7400 SW 142nd Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Metzger
Cross street/directions to job site: Off of Hart rd	
Subdivision:	Lot no.: 1800
Tax map/parcel no.: 1S121CB01800	
DESCRIPTION OF WORK	
Minor kitchen remodel. Remove wall, install beam	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tracey & Langford Metzger	
Address: 7400 SW 142nd Ave	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Northland Design and Build	
Contact name: Rod Loewer	
Address: 20000 SW Cappaen rd	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-380-6251	Fax:
E-mail: rod@northlandbuild.com	
CONTRACTOR	
Business name: Northland Design and Build	
Address: 20000SW Cappaen rd	
City/State/ZIP: Sherwood, OR 97140	
Phone: 503-380-6251	Fax:
CCB lic.: 104810	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$15,000
Number of bedrooms:	3
Number of bathrooms:	2 1/2
Total number of floors:	2
New dwelling area:	square feet 0
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$175.59
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

\* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:

Print name: Rod Loewer President

Date: 5/13/19